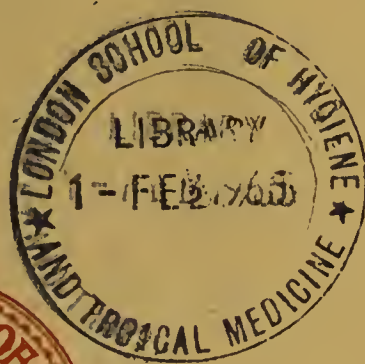


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The Health of Middlesex 1963



*The Annual Report of
the County Medical Officer of Health*

ADMINISTRATIVE COUNTY OF MIDDLESEX

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Middlesex
1963*

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PREFACE

To the Chairman, Aldermen and Members of the County Council of Middlesex

SIR, LADIES AND GENTLEMEN,

I have the honour to present my report on the state of the public health in Middlesex during the year 1963.

As measured by the number of first applications for sickness benefit, the general level of health continued much as the year before with a rather higher average of first applications for sickness benefit than is to be expected in an average year. The number of deaths registered, 25,475, shows an increase of 907 over the previous year. Winter infections in 1963 were more than usually severe and lethal to old people. Even so the death rate adjusted for age and sex was a little below the national average.

Deaths from cancer and coronary heart disease were again the two largest single causes of death accounting for approximately 40 per cent. of the total. Deaths from lung cancer rose from 1,388 in 1962 to 1,411 this year. This is the highest figure recorded for lung cancer deaths in the County but it will as surely be exceeded next year as it has for each year since the war. It is common knowledge that cancer of the lung is a preventable disease closely linked with cigarette smoking but while manufacturers spend millions a year in advertising their wares to increase sales and the Ministry of Health and local authorities spend but a few thousand pounds, and that amateurishly enough, in anti-smoking propaganda the number of deaths will continue to rise. The facts should be squarely faced however, that avoidable deaths in very large numbers are occurring only because those in responsible positions do not care sufficiently to take the necessary measures.

The steady annual increase in births continued; during the year there were 39,467 live births giving a rate of 17·6 per thousand population (17·2) in 1962. Year by year this increase in the number of births has stretched the resources of both hospital and domiciliary midwifery services to a point where it is doubtful if the best work can be done, particularly in the hospital field where the strain has been greatest. Although still seriously short I am pleased to say there was an increase of 15 on the County Council's midwifery staff during the year. As we know to our cost the birth rate can increase much more quickly than the provision of maternity beds to meet the need and I remarked in my last report that the practice of admitting mothers to hospitals through the emergency bed service has grown dangerously. As a result the experimental scheme started in Ealing for caring for selected cases in their own homes 48 hours after delivery was extended to other areas. It seems to me inevitable that we must accept these planned early discharge schemes and operate them in a highly co-ordinated manner with the hospital and general practitioner services until new beds are provided. To fail to do this will inevitably mean incurring avoidable risks to many mothers and children. This scheme was assisted during the year by the County Council agreeing to the free provision of home helps up to the tenth day of the puerperium where necessary to a mother who is discharged from hospital early.

There were 12 maternal deaths giving a rate of 0·3 per thousand births which is just slightly over the national average of 0·28.

The infant death rate which is a sensitive index amongst other things of the quality of ante natal and obstetric care, stood at 18·7 per thousand live births (England and Wales 20·9). This figure shows an improvement for the second year running though it is not as low either as in 1960 (18·5) or in 1957 (17·8). It is disappointing to record that during the last 10 years we have made very little headway in reducing this figure for infantile mortality although there is no doubt that under favourable conditions worthwhile further progress could be made.

The steady annual increase in the proportion of illegitimate births which now stands at 8·6 per cent. (8 per cent. in 1962, 7·2 per cent. in 1961) is an important factor in our failure to make any real progress in this direction for these babies are notoriously more likely to die before their first birthday than are others.

Certain infectious diseases, subject to protection by immunisation, remain year after year at a very low level. In other cases there is a wide fluctuation in their incidence from year to year. In the former category is diphtheria, of which there were two notifications during the year in brothers attending the same school. Since 1957 only two other cases of diphtheria have been reported. Poliomyelitis which but a few years ago struck terror into the heart of mothers of young children has so diminished as a result of immunisation that only one case was notified during the year (9 in 1962). Although protection against whooping cough is also given by immunisation the degree of control is far from perfect and the number of cases notified during the year, 1,741, contrasts dramatically with the 251 cases notified the year before. If, however, immunisation does not always prevent the occurrence of whooping cough it greatly lessens its severity and the serious complications in young children especially. The number of cases of dysentery (1,370) represents a small increase over the previous year; it is indeed likely that the total number of cases of dysentery is a good deal higher than those reported for the condition is generally mild. This disease is spread as a result of people failing to wash their hands after visiting the lavatory and then handling food which may be eaten by others; it suggests at once a repellent lack of fastidiousness in the personal habits of many people and a frightening lack of awareness as to the way many diseases are transmitted. When the disease is mild Sonne Dysentery this may not matter greatly except to the very young and old but it may be a very different story with diseases such as typhoid.

It is well known that there has been a very considerable increase in venereal diseases over recent years. In 1963, however, the notifications for gonorrhoea rose only a little above the figure for 1962 (1,236 in 1963, 1,084 in 1962) and in the case of syphilis there was a decline from 191 in 1962 to 140 in 1963. It is altogether too early to be optimistic that the peak of incidence has been reached but it will be particularly interesting to see what follows in the next year.

The very steady reduction in the number of primary notifications of pulmonary tuberculosis was continued with 831 notifications, a reduction of 65 from last year. The death rate from pulmonary tuberculosis was 0·05 per thousand population.

The work of the health control unit at London Airport continues to grow very rapidly. Not only is the number of passengers using the airport constantly increasing (there were over eight million of them in 1963, a rise of more than 1,250,000 on the previous year) but the Commonwealth Immigrants Act, which came into force in July, 1962, added further and important duties to the unit. In my report last year I commented that "it is disturbing that no routine X-ray of chest of such immigrants is available." Because it may very well be that a relatively high proportion of them are suffering from pulmonary tuberculosis and since so many immigrants live in overcrowded conditions which favour the spread of such infections I was concerned. Although I am unable to report the installation of a suitable X-ray camera during the year it seems likely that one will be in operation before the end of 1964.

No cases of smallpox were imported through London Airport during the year and the hands of the medical officers of the unit were somewhat strengthened in this regard during the year with the introduction of the Public Health (Aircraft) (Amendment) Regulations, 1963. These regulations enable airport health officers to require the production of international certificates of vaccination against smallpox of travellers from an endemic or locally infected area. One cannot of course be sure that the holding of an international certificate of vaccination means in all cases that its holder has in fact recently been successfully vaccinated.

It appeared at long last that there were strong hopes of introducing a major measure to improve the health of the people of this country by the fluoridation of drinking water in those parts of the country where the level was below that required to prevent dental decay. After a full discussion the County Council decided to participate in arrangements to bring about fluoridation. The position is of course complex since the County Council's area is served by six water companies in addition to the Metropolitan Water Board and of course many local authorities are involved in the area covered by the Metropolitan Water Board. It is therefore necessary to get the consent of all the local authorities and all the water boards before anything can be done. Unhappily, due to the activities of a small group, described by Mr. Enoch Powell as "cranks," it was not possible to get unanimity. Unhappily, with so many authorities involved under the new reorganisation of local government in the Greater London area, it may be a long time before they are able to speak with a unanimous voice.

Communications are the life blood of an ambulance service and two major advances in this respect were approved by the County Council during the year. The first is the setting up of a central control point which will replace the existing scheme of control based on three districts. All requests for ambulance transport, including accident and emergency work dealt with over the "999" network, will be dealt with at County control and from this single point all instructions for the movement of vehicles will be given. This control will be provided with special exchange lines agreed with the general post office for the receipt of 999 calls together with other lines for doctors, hospitals, members of the public and so on. Certain major hospitals will be linked with the control by private wire as will all sick removal depots and accident stations and a teleprinter network will cover all the depots. It will probably be the summer of 1964 before this complicated communications network can be operated.

The second major advance was the implementation of a pilot scheme of radio control based on one of the three county districts. This went into operation in October and it immediately became clear that there were substantial advantages in extending radio control to the whole of the service. This together with the central control should give the patient a really efficient service and the ratepayer value for money.

The County Council's community mental health service continued to expand vigorously during the year. A weekly boarding unit for 19 severely subnormal children was opened at Moorcroft in Hillingdon; a new purpose-built junior training school opened at Whittlesea Road, Harrow, as a replacement for the unsatisfactory existing school; special care units were either added to or extended at the Isleworth, Hanworth and Neasden Junior Training Schools. The number of places at the Uxbridge Adult Training Centre was increased from 60 to 120. During the year the industrial training programme for trainees attending adult training centres was considerably extended especially in the use of power driven machinery.

At the end of the year no fewer than 26 new projects were under consideration including the provision of hostels for both mentally ill patients and the subnormal. Three new hostels should be ready for occupation during the coming year.

The training of social workers and of teachers of the subnormal child is regarded as one of the most important activities of the department. During the year three separate courses of study were operating, a day release course for social workers and allied staffs, a two year training course for teachers of the subnormal child and an in-service course of instruction for instructors at adult training centres.

I must remark, as in previous years, on the blighting effect on family life occasioned by the serious shortage of beds in hospitals for the subnormal; there were 216 patients waiting for admission at the end of the year and the ten-year hospital plan gives me no reason for supposing that any appreciable amelioration is to be expected for some years.

In closing this preface it is my pleasant duty to acknowledge my indebtedness to the County Health staff, particularly Dr. Nelson, my deputy and Mr. Mihill, my senior administrative officer.

The understanding and support of the Chairman and Members of the Health Committee has been, for me, always a great source of encouragement.

I have the honour to be,

Your obedient servant,

GUY WIGLEY,

County Medical Officer of Health.

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SUMMARY OF VITAL STATISTICS RELATING TO THE ADMINISTRATIVE COUNTY OF MIDDLESEX

Area (including inland water)	148,687 acres
Population 1961 census	2,234,543
Population 1963—Registrar General's mid-1963 estimate	2,241,370
Number of structurally separate dwellings occupied (1961 census)	665,347
Number of private households (1961 census) ..	735,427
Rateable value (all hereditaments)	£140,293,911
Product of a penny rate, financial year 1963-64 ..	£571,982
Live births	
Number	39,467
Rate per 1,000 population	17.6 (England & Wales 18.2)
Illegitimate live births per cent. of total live births ..	8.6
Stillbirths	
Number	599
Rate per 1,000 total live births and still births ..	15.0 (England & Wales 17.3)
Total live and still births	40,066
Infant deaths (deaths under 1 year)	740
Infant mortality rates	
Total infant deaths per 1,000 total live births ..	18.7 (England & Wales 20.9)
Legitimate infant deaths per 1,000 legitimate live births	18.4
Illegitimate infant deaths per 1,000 illegitimate live births	22.3
Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births)	13.0 (England & Wales 14.2)
Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births)	11.1 (England & Wales 12.3)
Perinatal mortality rate (stillbirths and deaths under 1 week combined per 1,000 total live and still births)	25.9 (England & Wales 29.3)
Maternal mortality (including abortion)	
Number of deaths	12
Rate per 1,000 total live and still births ..	0.3 (England & Wales 0.28)
Deaths	25,475
Death-rate per 1,000 home population (crude) ..	11.4 (England & Wales 12.2)
do. do. (adjusted) ..	12.0
Deaths from cancer (all forms)	4,988
Death rate from cancer (all forms) per 1,000,000 population	2,225 (England & Wales 2,177)

ADMINISTRATIVE COUNTY OF MIDDLESEX

ANNUAL REPORT OF THE COUNTY MEDICAL OFFICER FOR THE YEAR 1963

VITAL STATISTICS

AREA AND POPULATION

The County of Middlesex covers approximately 232 square miles and comprises 26 local authorities.

The Registrar General has estimated a mid-year population of 2,241,370, an increase of 1,600 over the 1962 estimated figure and continuing the slight upward trend forecast in 1960. The pattern of change in the county districts remains much the same with increases in the south and western periphery, largely offset by corresponding decreases in the inner districts.

BIRTHS

During the year, 39,467 live births were registered, 1,030 more than in 1962, continuing the upward trend observed over the last few years.

The live birth rate per 1,000 population of 17·6 (17·1 adjusted) is again higher than the previous year but still below that for England and Wales which has risen to 18·2.

The proportion of illegitimate births continues to rise, the 3,403 registered in 1963 accounting for 8·6 per cent. of the total live births, an increase of 0·6 per cent. over 1962 and the highest figure so far recorded.

Differences in birth rates between county districts remain considerable, even when adjusted by the birth comparability factors which make allowances for differences in the sex and age distribution of the population.

Birth rates by administrative areas and county districts are set out in Tables 3 and 4 on pages 89–92.

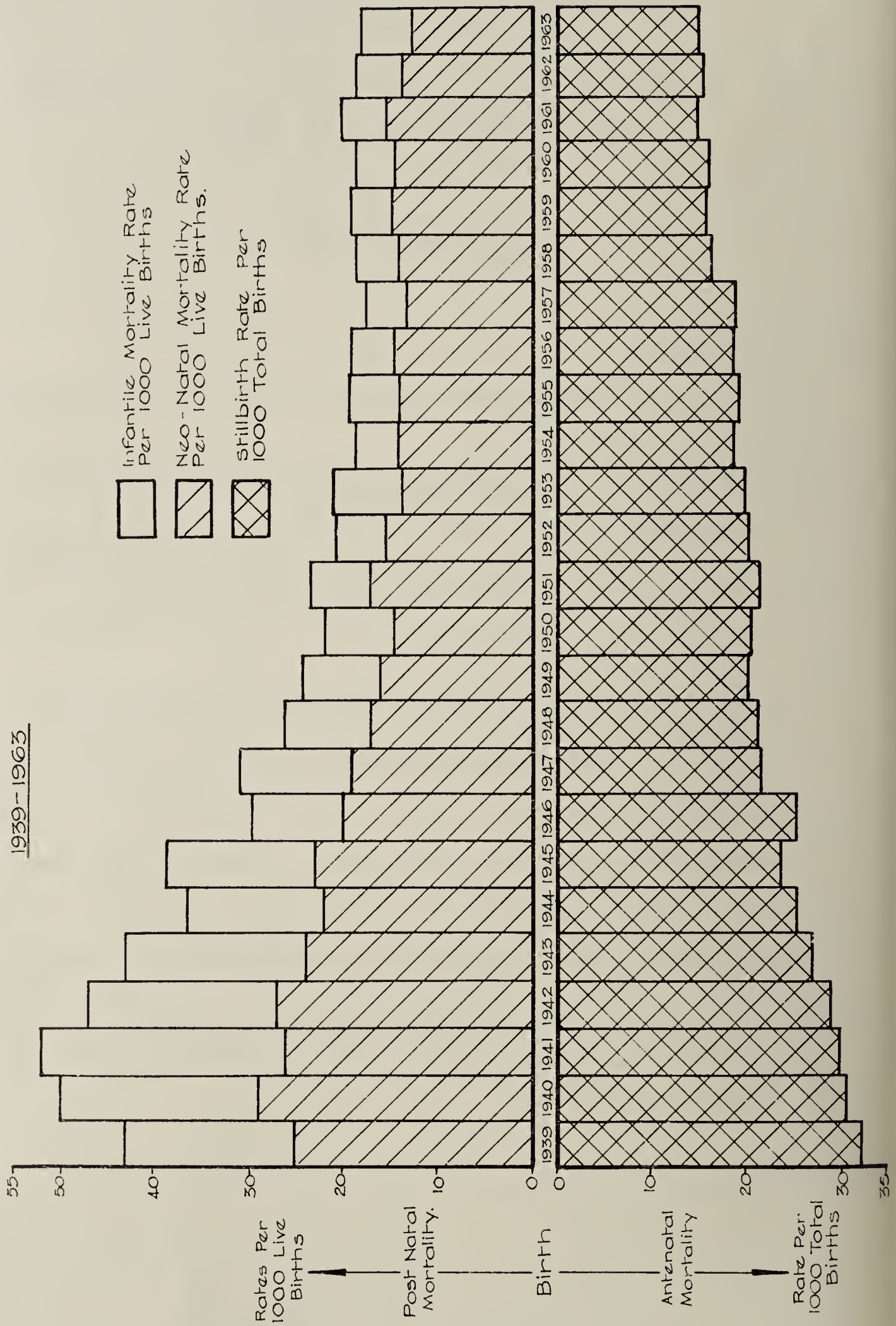
DEATHS

The number of deaths registered, 25,475, shows an increase of 907 over the previous year. The death rate was 11·4 (12·0 adjusted) compared with 11·0 (11·8 adjusted) for 1962, and against 12·2 for the country as a whole. Deaths from cancer and coronary heart disease were again the two largest single causes of deaths, accounting for approximately 40 per cent. of the total. Deaths from lung cancer were 1,411 against 1,388 in 1962.

Table 2 on page 88 sets out the various causes of death and their distribution by age groups.

Perinatal Mortality

1939-1963



INFANT MORTALITY

The number of infant deaths for 1963 was 740, giving a rate of 18·7 per 1,000 live births against 732 and 19·0 for 1962, and the rate for the country as a whole of 20·9.

MATERNAL MORTALITY

There were 12 maternal deaths in 1963, one more than in 1962, and the rate for the County of 0·30 per 1,000 total live and still births rose above that for England and Wales, which fell from 0·35 in 1962, to 0·28 in 1963.

A full report on the circumstances of each maternal death was submitted as in previous years to the regional assessor appointed by the Minister of Health. It is essential to maintain constant vigilance over every aspect of care during the ante-natal period now that the maternal mortality rate has been reduced to what may be considered as the hard core which can only be reduced by careful scrutiny of and improvement in the standard of ante-natal care.

SICKNESS INCIDENCE

As measured by the number of first applications for sickness benefit, the rate this year remained virtually on a par with that for the country as a whole.

Table 9 on page 95 shows the incidence of sickness in Middlesex over the last nine years.

INFECTIOUS DISEASES

SCARLET FEVER

802 cases were notified during 1963, a decrease of 93 against 1962, and the lowest figure for more than 40 years.

WHOOPING COUGH

The number of cases notified during 1963, 1,741, rose dramatically over the figures recorded for 1961 and 1962 (559 and 251 respectively). This follows the trend of the previous three years of two low years followed by one with a high incidence.

POLIOMYELITIS

Only one case was notified during 1963 against nine cases in 1962, which provides further evidence of the effectiveness of immunisation in the control of this disease.

MEASLES

1963 was a high incidence year following the normal trend, with 26,583 cases notified against the 1962 low incidence of 4,986 cases.

DIPHTHERIA

Two notifications were received of two brothers aged 11 and 14 attending the same school. Both boys had been immunised in infancy and the elder received a reinforcing dose at 5 years of age. Investigations of contacts of these cases disclosed one carrier, a boy aged 10 years attending the same school who was admitted to hospital for treatment.

Since 1957, only two other cases of diphtheria have occurred, both in 1961.

DYSENTERY

1,370 cases were notified in 1963, an increase of 70 over 1962.

FOOD POISONING

231 cases were notified, a fall of 24 cases against 1962.

OTHER INFECTIOUS DISEASES

No cases of smallpox were notified during the year.

30 cases of ophthalmia neonatorum were notified, an increase of 10 cases over 1962.

791 cases of puerperal pyrexia were notified, an increase of 60 cases over 1962.

VENEREAL DISEASES

Reports received from the venereologists working in hospital clinics in Middlesex show that the total number of patients attending for examination and the total number of new patients rose in 1963.

Gonorrhoea.—The incidence of this disease has risen a little only above the figures for 1962, this applies to both men and women and is highest in the age group 20 years and over. The number of new cases reported was 1,236 (1,084 in 1962).

Syphilis.—The number of cases of syphilis reported was 140 (191 in 1962) and in each clinic has decreased from the 1962 figure.

The work of the County Council's special services almoners is dealt with on page 52.

TUBERCULOSIS

Statistical data relating to tuberculosis and also to the work of the chest clinics in the County are shown on pages 101–103.

The arrangements for the prevention of tuberculosis and for the care and after care of those suffering from the disease are dealt with in the section entitled “National Health Service Act” on page 47.

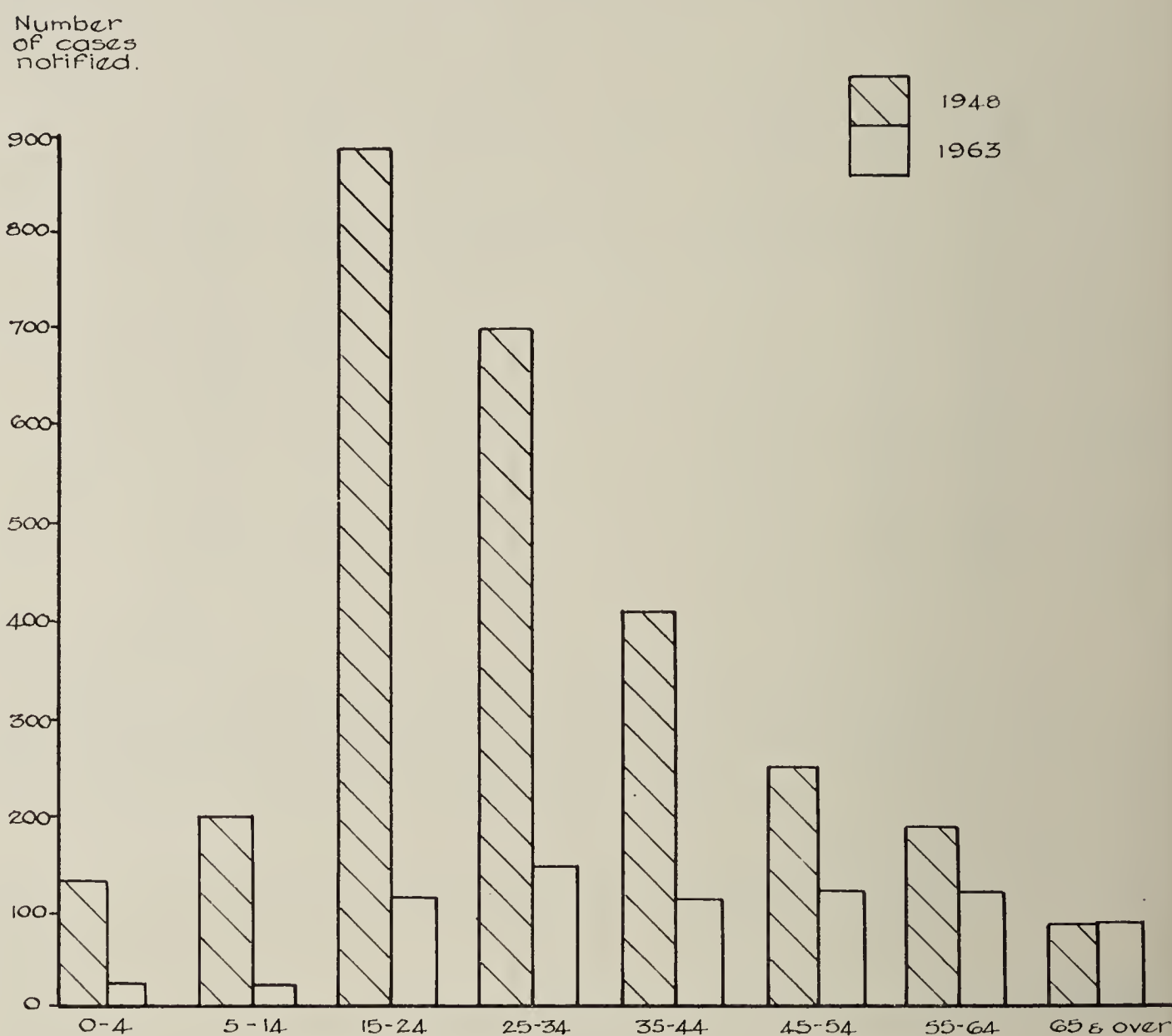
Notifications.—There were 831 primary notifications of pulmonary tuberculosis, a reduction of 65 from last year. The following table shows the distribution in incidence between the two main age groups:—

Year.	Notifications of persons age 15-44.				Notifications of persons age 45-65.			
	Males.	Females.	Total.	Percentage of all notifications.	Males.	Females.	Total.	Percentage of all notifications.
1948	987	1,001	1,988	70	319	111	420	15
1949	985	900	1,885	69	370	106	476	17
1950	822	860	1,682	68	361	129	490	20
1951	830	760	1,590	66	376	100	476	20
1952	712	745	1,457	66	355	110	465	21
1953	700	764	1,464	65	390	109	499	22
1954	614	605	1,219	64	321	108	429	22
1955	550	530	1,080	63	305	92	397	23
1956	484	439	923	59	325	86	411	26
1957	428	402	830	58	310	89	399	28
1958	354	345	699	54	292	90	382	30
1959	306	278	584	52	257	87	344	30
1960	311	248	559	53	246	77	323	31
1961	249	209	458	48	244	59	303	31
1962	258	196	454	51	208	56	264	29
1963	273	143	416	50	192	70	262	32

Deaths.—The number of deaths from tuberculosis during the year was 115 and of this number 104 were on account of pulmonary tuberculosis. The following table shows the trends of morbidity and mortality from pulmonary tuberculosis since 1948.

Year.	Primary notifications.				Deaths.			
	Males.	Females.	Total.	Rate per 1,000 population.	Males.	Females.	Total.	Rate per 1,000 population.
1948	1,527	1,301	2,828	1·25	493	297	790	0·35
1949	1,588	1,158	2,746	1·21	486	279	765	0·34
1950	1,378	1,099	2,477	1·08	370	197	567	0·25
1951	1,416	1,000	2,416	1·07	331	197	528	0·23
1952	1,521	957	2,208	0·97	252	134	386	0·17
1953	1,284	980	2,264	1·00	222	105	327	0·14
1954	1,109	816	1,925	0·85	209	83	292	0·13
1955	1,000	706	1,706	0·76	178	66	244	0·11
1956	957	611	1,568	0·70	154	60	214	0·10
1957	868	557	1,425	0·63	130	52	182	0·08
1958	774	516	1,290	0·57	111	37	148	0·07
1959	691	437	1,128	0·50	88	28	116	0·05
1960	661	388	1,049	0·47	91	29	120	0·05
1961	618	345	963	0·43	61	39	100	0·04
1962	577	319	896	0·40	73	38	111	0·05
1963	555	276	831	0·37	81	23	104	0·05

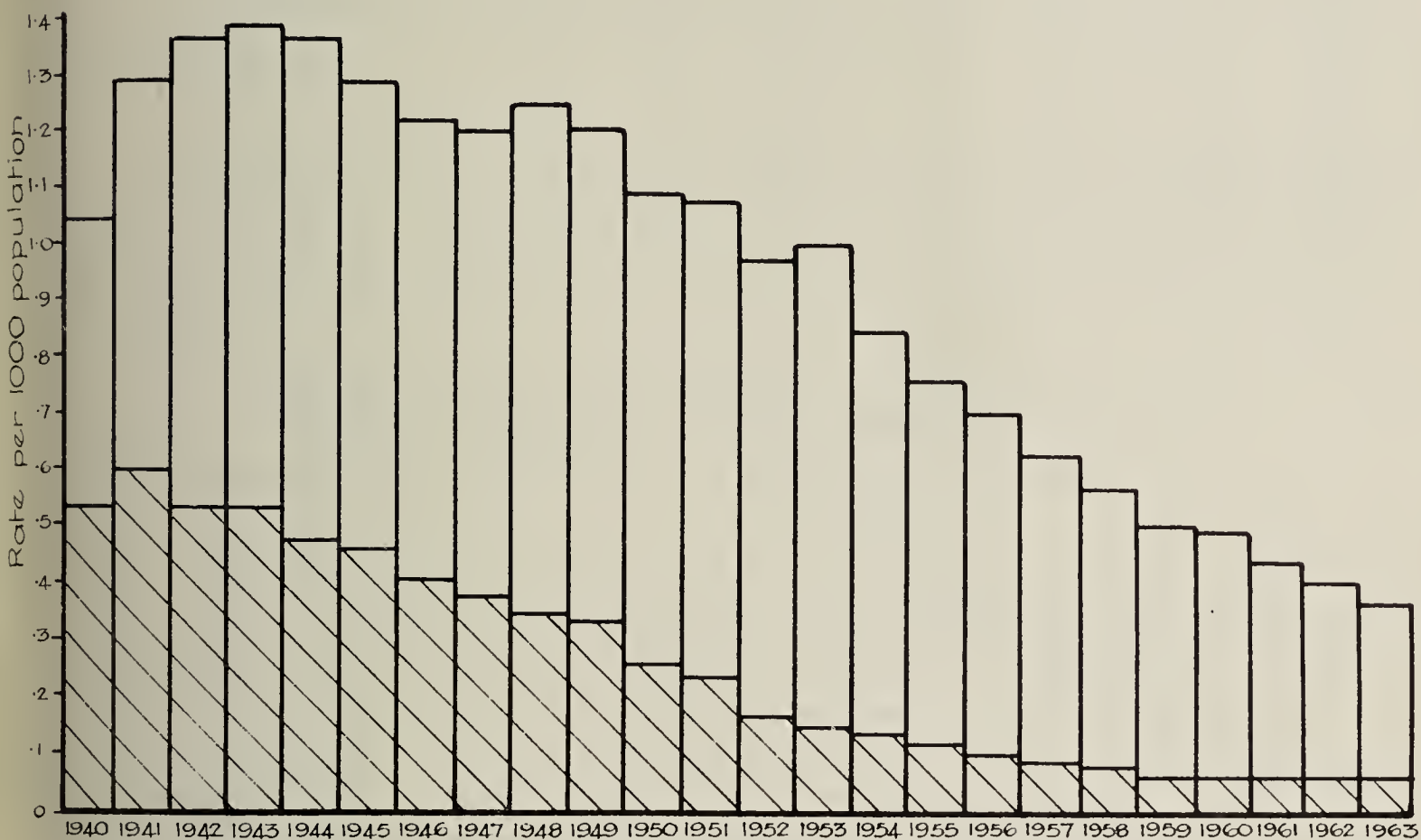
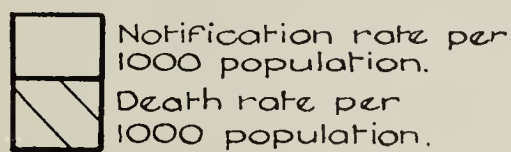
Comparison By Age Groups Of New Cases Of Pulmonary Tuberculosis Notified In Middlesex In 1948 And 1963.



Three posthumous notifications of pulmonary tuberculosis were received and deaths from the disease in persons not previously notified amounted to 13.

The number of patients examined for the first time at the chest clinics in the County was 64,437 which is an increase of 3,620 over the number seen last year, and of this number 1,005 were found to be suffering from tuberculosis. The number of new contacts of these cases examined was 9,651 and 90 new

Pulmonary Tuberculosis Notification and Death
Rates in Middlesex 1940-1963



cases of tuberculosis were found among these contacts. The percentage is small, but nevertheless it is an important part of the work in controlling the spread of this disease. At the end of the year 17,416 patients remained on the tuberculosis registers maintained by the chest clinics. The following table shows the percentage incidence among patients examined, including contacts and the total number of patients on registers at the end of each year since 1949.

Year.	Total persons (including new contacts) examined for the first time.			New contacts examined.			Persons on chest clinic registers at the end of the year.
	Number.	Number found tuberculous.	Percent. found tuberculous.	Number.	Number found tuberculous.	Percent. found tuberculous.	Total.
1949	27,584	2,651	9.6	8,399	266	3.2	16,485
1950	34,159	2,355	6.9	8,894	213	2.4	17,331
1951	40,622	2,276	5.6	9,915	291	2.9	18,241
1952	38,695	2,390	6.2	9,597	207	2.2	19,349
1953	43,747	2,504	5.7	11,194	231	2.1	20,402
1954	45,032	1,981	4.4	9,773	154	1.6	20,940
1955	53,624	1,777	3.3	10,849	150	1.4	21,367
1956	56,591	1,602	2.8	10,003	136	1.4	21,297
1957	62,985	1,362	2.2	11,646	124	1.1	21,253
1958	60,646	1,400	2.3	10,352	138	1.3	20,794
1959	60,702	1,249	2.1	11,241	105	0.9	20,459
1960	58,153	1,165	2.0	10,388	113	1.1	19,735
1961	62,893	1,114	1.8	11,026	128	1.2	19,024
1962	60,817	1,000	1.6	10,178	93	0.9	18,083
1963	64,437	1,005	1.6	9,651	90	0.9	17,416

HEALTH CONTROL UNIT—LONDON AIRPORT

The following statement appeared as a press release during the first week of the new year:

“ ‘ London Airport was used by more than 8,180,000 passengers in 1963, a rise of more than 1,250,000 on the previous year.

‘ A Ministry of Aviation spokesman said:—“ Heathrow is easily maintaining its position as Europe’s busiest airport. Every month of 1963 showed an increase. During July, August and September, nearly 3,000,000 passengers passed through the Airport, and December’s provisional figures show a remarkable increase of 29 per cent.’ ”

It does not, of course, take into account either the very large number of visitors who came to the Airport or the staff employed at the Airport, which alone totals over 32,000. It follows that any person, passenger, visitor or staff, may fall ill at the Airport and any increase in passenger traffic is reflected by an increase in the duties of the medical and nursing staff employed there. This fact has been recognised by the authorities and the establishment of medical and nursing staff was increased during the year.

Until the middle of 1962, it was still possible for the duty medical officers to meet all sick and invalid passengers at the aircraft, supervise their off-loading into the ambulance and generally assess their condition before they left on their journey. With the introduction of the Commonwealth Immigrants Act in July, 1962, this part of the medical officer’s duties had more and more to devolve upon the nursing staff and now it is only in exceptional circumstances or at the specific request of the captain that the medical officer attends at the aircraft.

During the day, commonwealth immigrant passengers in possession of entry vouchers arrive at a steady flow in both terminal buildings and a medical officer is virtually tied down to each building for the purpose of examining these voucher holders. Some 70 medical examinations of this nature are carried out in the two buildings each day.

Staff.—The medical establishment is made up of a senior medical officer and seven medical officers, an addition of one medical officer since the last report. This appointment enabled both the passenger buildings to be covered during weekdays and for this coverage to continue during the weekend when the volume of passenger traffic was no less than it was during the week.

The establishment of nursing staff is eight, an increase of one over the previous year.

The establishment of receptionists remains at one senior receptionist and 12 receptionists.

Port Health.—On 1st August, the Public Health (Aircraft) (Amendment) Regulations 1963, came into operation. These Regulations were made as a result of recommendations by the Public Health Committee of the Council of Europe (Partial Agreement), on which are represented all Governments party to the “excepted area” arrangements. The Regulations enable airport health officers to require the production of International Certificates of Vaccination against smallpox and if a person has not a certificate he may be offered vaccination and placed under surveillance or in isolation.

If an air traveller who has not a valid international certificate arrives from an endemic or local infected area with the intention of proceeding forthwith or within a few days to another country within the “excepted area,” the airport medical officer must notify details by telex or telephone to the health authority at the port of destination in the “excepted area.”

On the whole the new regulations did not present much difficulty when they came into operation. The airport medical staff were able to use their discretion in the application of the regulations in several respects, notably in dealing with the passenger who was a *bona fide* conscientious objector, or with the passenger regarding whom there was a medical contra-indication to vaccination, or with the unvaccinated infant.

While the definition of “endemic areas” as recommended by the Public Health Committee of the Council of Europe is accepted in this country, other countries of the “excepted area,” France, Italy and Greece, made minor modifications, excluding such areas as the North African littoral, the Levant, Turkey and Cyprus. This was unfortunate, as one of the aims of the Committee was to bring all countries, party to the Agreement, into line and the consequence of this has been that those passengers arriving by air from the Lebanon and Israel, and from Egypt and Morocco, in particular, fail to understand why it is that vaccination certificates should be asked for in London while no such request is made for them in Paris.

Since the regulations came into being the Minister ruled that flights originating from Madeira, the Canary Islands, Malta, Cyprus and Turkey

are no longer subject to health control and certain islands in the Atlantic, formerly regarded as being "non-endemic," are under consideration for release from health control.

One effect of the introduction of the new regulations was the cessation of the special arrangements which had been in force for passengers arriving from India and Pakistan, whereby they were required to complete forms on arrival giving their names and destination addresses. This had led in the past to a certain amount of delay in dealing with arriving passengers.

In December, the Minister formally designated the Health Control Unit at London Airport as a centre for the issue of international certificates of vaccination against yellow fever. The Health Control Unit was already an officially recognised centre where vaccination against smallpox and cholera could be undertaken.

Ambulance Cases.—Invalids requiring transport arrangements by ambulance or by ambulance car during the year 1963, totalled 1,254. In addition a large number of invalids were seen who were considered fit enough to travel by private car.

The following statistics relate to cases transported in ambulances or ambulance cars:—

(a) National Health Service	..	..	765
(b) Private Ambulances	..	..	428
(c) Service Transport	..	..	61
			<hr/>
			1,254
			<hr/>

The number of calls made upon the Ministry of Aviation ambulances at the Airport during the year was 3,023—on 1,788 occasions the invalids were incoming, on 1,235 the invalids were outgoing.

The airport ambulances were also called for accidents within and around the airport on 217 occasions.

Special arrangements exist at London Airport whereby passengers arriving by plane and needing ambulance transport are transported from the plane to the medical centre in an airport ambulance provided by the Ministry of Aviation. In the medical centre the passengers' needs are assessed and arrangements made for obtaining appropriate transport from the County Council's Ambulance Service when it is considered the case should be dealt with under the National Health Service Act or in other cases private ambulance or car or service transport.

The future of these arrangements has been under discussion but no final decision had been made at the end of the year.

Aircraft Emergencies.—Three incidents involving passenger-carrying aircraft occurred during the year, happily with no fatalities. When it is remembered that there was a total of 168,500 aircraft movements at London Airport during the year, the accident rate is extremely small.

On 5th February, the rear door of a plane fell off, but there were no casualties.

In March, there was a fire warning in a plane; the 87 passengers made their escape by chute.

On 8th November, it had been proposed to hold a practice emergency "disaster" to exercise all aspects of the airport accident procedure, including the reception of casualties at the designated hospital, on similar lines but on an extended scale to the exercise which had been held early in 1962. For this purpose it was to be assumed that an aircraft had gone off the runway in the southern half of the airport with a collapsed under-carriage and associated damage but that no fire had broken out. It was further to be assumed that there would be about 20 or so casualties needing hospitalisation and 80 or so passengers uninjured or with minor injuries.

By a strange quirk of fate, on 6th November, the most serious of the three incidents occurred when a plane crashed on take-off in the northern half of the airfield; six persons were sent to hospital, of whom four were detained. Only one of these four sustained in any way serious injury. This could well have been a major disaster of the first order; fortunately extensive fire did not break out. The sequence of events on this night was so similar in many respects to the practice exercise planned for 8th November, that it was decided to cancel it and instead to have an informal conference of all section heads of departments whose services had been involved. This proved useful in highlighting weaknesses in the arrangements which had been shown up by the accident.

Mental Illness.—There was a slight fall from the previous year in the number of mentally ill patients who were assisted at London Airport during 1963. The total for 1962 was 146; the total for 1963 was 129. A mental welfare officer was called on 49 occasions.

Medical Examination of Aircrews and other staff.—Two medical officers were employed throughout the year in the routine medical examination of aircrew, air traffic control officers and their assistants.

Ministry of Aviation personnel on first employment, and Ministry of Public Works personnel were examined as occasion demanded by the duty medical officer in Passenger Building No. 1.

	1963	1962	1961	1960
Aircrew examined	2,492	2,715	2,752	2,675
Air traffic control officers examined	363	345	362	297
M.O.A. and M.P.W. personnel examined ..	183	211	474	601

The fall in the number of aircrew examined may be associated with the Ministry of Aviation's policy to increase the number of approved medical practitioners in certain selected areas of the home counties.

The continued fall in the number of Ministry of Aviation and Ministry of Public Works personnel is associated with the take-over of the apron services by the Air Registration Board of the United Kingdom, which event occurred in April, 1962.

Medical Services.—The number of passengers and visitors treated for sickness or injury at the sick bays in Passenger Building No. 1 and in the Queen's Building was 1,282. This figure is a slight increase over 1962.

The number of sick staff attendances was 2,311.

Medical Inspection of Aliens.—Under the provisions of the Aliens Order, 1953, 123 persons, 45 more than in the preceding year, were referred to the medical inspectors by the immigration authorities either because they appeared to be mentally or physically abnormal or both, or because they appeared to be bodily dirty or because they mentioned health or the prospect of treatment as a purpose for their visit. Only 18 of the 123 persons so examined, were, on the advice of the medical inspectors, refused entry to this country by the immigration authorities. Fifteen of the 18 were refused on grounds of mental instability, one suspected of pulmonary tuberculosis, one of venereal disease, and one of epilepsy.

The number of aliens referred for routine medical inspection either following issue to them of Ministry of Labour permits or because they were proposing to make a prolonged stay in this country was 1,993, an increase over 1962 of 667. Most aliens in this category were taking up domestic employment in one form or another and the majority came from Europe.

Medical Inspection of Commonwealth Immigrants.—The twelve months ending 31st December, 1963, made the first full year during which the medical provisions of the Commonwealth Immigrants Act, 1962, have been carried out.

The total number of commonwealth passengers referred by the immigration authorities to the medical inspectors for examination or for advice regarding landing or refusal was 25,168. By far the majority of these (24,790) were in possession of entry vouchers issued by the Ministry of Labour. The staff in Passenger Building No. 3 had three times the number of examinations to carry out in comparison with the other passenger building.

The relevant statistics are:—

Pakistan	..	..	..	..	..	..	13,226
India	..	..	..	..	..	..	7,630
West Indies	..	..	..	..	..	..	1,487
Far East	..	..	..	..	..	..	892
West Africa	..	..	..	..	..	..	613
Malta	..	..	..	..	..	..	516
Canada, Australia, New Zealand	..	..				}	254
Rhodesian Federation and South Africa	..						
Cyprus	..	..	..	..	..	..	246
East Africa	..	..	..	..	..	..	198
Other territories	..	..	..	..	..	..	106

The main problems that cropped up were concerned almost entirely with the Pakistani immigrants, who outnumbered by far all the other nationalities put together. About 90 per cent. of the Pakistani immigrants were quite unable either to understand or to speak English. This made the routine of the examinations most difficult.

The number of commonwealth passengers who, for medical reasons, were refused landing was 17, or 0.07 per cent. of the total. The conditions which led to refusal were pulmonary tuberculosis (6), venereal disease (4), mental illness (4), other conditions (3).

The figure, 0.07 per cent. does not present a true picture of the health of the immigrant population and certainly does not mean that of the 25,168

commonwealth citizens, who passed through the medical inspectors at the Airport, 99·93 per cent. were fit, physically and/or mentally.

The task of the medical inspectors has indeed been formidable. They must steer a middle course between two conflicting needs—on the one hand to avoid undue inconvenience and delay to the passengers and the airlines, and on the other to do all that is practicable to exclude sources of danger to public health in the United Kingdom.

The main purpose of the medical examination is to make it possible for the medical inspector to advise the immigration officer so that he can refuse entry (*a*) where a person suffering from mental disorder or where for medical reasons it is undesirable that he should be admitted because he may endanger the health of people already in the United Kingdom and (*b*) in the case of persons who for medical reasons, including mental disorder, might not be able to support themselves.

It is agreed that it is impracticable to lay down the precise form which the medical examination or inspection should take. What is desirable and practicable must inevitably be a matter for the judgment of the medical inspector in the light of his experience. For his guidance, apart from mental disorder, the medical inspector could, for example, advise refusal for tuberculosis, venereal disease, leprosy and trachoma.

The Immigrants Act makes it clear that the medical inspector may require such tests as he thinks fit, including X-ray examination. To establish the diagnosis of tuberculosis, venereal disease and leprosy, recourse to X-ray and laboratory is essential but as no facilities exist within the Airport, the medical inspector has to act upon his suspicions and it therefore follows that only those passengers whose conditions present clinical and physical signs are likely to be refused entry.

Smallpox.—With the 1962 United Kingdom outbreak still of recent memory, the staff were very much on the alert regarding the vaccinal state of passengers arriving from Pakistan and India. Happily, there was no case of smallpox to record in 1963 in Britain, although cases were reported from Sweden, Poland, Hungary and Switzerland.

At London Airport there were several alarms, but in each case they were proved false.

On 30th January, a telegram from the World Health Organisation was relayed to the Unit by the Ministry of Health to the effect that a female child of 4½ years from India had developed a suspicious looking rash on the 24th, having arrived at London by air on the 20th in transit to Frankfurt. It was not until 3rd February that our anxieties were allayed and the condition confirmed as chickenpox.

A similar incident occurred on 16th March, when an Indian passenger was discovered to have a pustular rash on hands, face, lower trunk, and legs. Clinically, the rash was suggestive of smallpox. The patient was examined by one of the consultants on the smallpox panel and arrangements were made for the patient's detention in Wayhill Hospital, Winchester. The passengers who had travelled from Delhi with the patient and the crew of the aircraft were

put under surveillance. It was on 19th March that the results of the laboratory examination were made known and that after all the condition was not smallpox.

On 22nd April, a Pakistani baby arrived from Karachi at the Airport with a most suspicious rash. On the advice of the consultant, the baby was sent to Long Reach Hospital, Dartford. The laboratory tests fortunately proved to be negative for smallpox.

The consultant's services were called upon yet again on 12th June, when a passenger arrived from Dacca in East Pakistan. On this occasion, there was little doubt that the condition was chickenpox.

On 29th June, an Indian child aged $2\frac{1}{2}$ years arrived from Delhi. The child was very dirty and very septic and its face crusted. It was diagnosed as a case of generalised vaccinia.

On 6th November, another case thought to be generalised vaccinia, was seen by the consultant and diagnosed as a non-specific reaction to lymph protein.

Although Stockholm, Budapest and several towns in Poland were declared to be infected local areas, the extra precautions taken at London Airport applied in the main to flights from Stockholm. All such flights were health-controlled from 17th May until 6th August, when the city was officially declared free from infection. During this period, vaccination was offered to those passengers not in possession of valid certificates, such passengers being placed under surveillance.

There is not much direct traffic between Budapest and London but during the time that Budapest was a declared locally infected area, direct flights between the two capitals were health-controlled.

Other Conditions.—Two cases of interest concerning passengers arriving at London Airport were typhoid and murine typhus respectively.

In March, a stewardess from one of the British airlines, was admitted to hospital with clinical typhoid. This was later confirmed bacteriologically. There is little doubt that she had contracted the infection in Switzerland where she had been on holiday in February.

The case of murine typhus occurred in an Indian who had flown to London from Bombay. It was only when he was subsequently admitted to hospital at Leamington Spa that the condition was recognised.

Fatalities.—Of the 19 deaths which occurred during the year no less than 14 were attributable to coronary disease. For the remainder the cause of death was carcinoma of lung in an elderly Indian in transit from America to India, broncho-pneumonia in an infant of $5\frac{1}{2}$ months a few minutes after touch-down, fibro-elastosis and right ventricular failure due to congenital heart in a young woman of 28 years, haematemesis in a supernumerary airline captain whilst in flight, and self-inflicted cut-throat in a passenger just before landing at London.

In six instances, the deceased were employed at the Airport, three others were citizens of the United States who were passengers either to London or to America. In one instance the victim was a visitor who had driven to the Airport to meet his relatives.

Fourteen of the 19 deaths occurred in male subjects. The high incidence of coronary disease is no doubt in keeping with the general trend, although certain precipitating factors, associated with a busy international traffic terminal must be kept in mind. Many people must find travelling long distances by air a strain, even although the flight itself is smooth and uneventful; then there is the excitement at the prospect of meeting friends and relatives—possibly after a long interval—at the completion of the flight; there is the probable sudden change of temperature, from the tropical heat to the arctic British winter; finally, there is the walk up the ramps from the ground to the first floors of the buildings, at which point the controls are located. In certainly one instance, an elderly passenger collapsed and died whilst walking up the ramp leading into the Passenger Building No. 3; in other cases, too, elderly passengers, too proud or self-conscious to be seen in a wheelchair, struggle up the ramp with their hand luggage, to arrive in the health lounge, out of breath and sometimes of ominous hue.

Educational.—Following acceptance by the Middlesex County Council of the invitation extended to them to become a member of the Sea and Air Port Health Authorities Association, the Senior Medical Officer was able to attend the Annual Conference as an official delegate. The conference was this year held in Glasgow from 4th to 7th June. Later in the year, the senior medical officer was informed that, together with port health medical officer for Hull, he had been nominated for a Wolfson Foundation grant to enable him to go to Madras in 1964 to study the diagnosis and recognition of smallpox.

Other Events of Interest.—The North West Metropolitan Regional Hospital Board Mass Miniature X-ray Unit paid their final visit to the airport in April, when they concluded their survey into lung cancer occurring in males of over 40 years of age, associated with smoking. This survey had lasted three years, X-rays being taken at intervals of six months during the period.

As usual, the National Blood Transfusion Service paid two visits to the airport during the year.

Visitors.—London Airport continues to attract visitors from overseas and, as before, officials employed in foreign public health administrations were shown the procedure of health control.

Overseas visitors came from Poland, Greece, Germany, Mauritius, Philippines, Tokyo and Marseilles. Visitors from this country included Ministry of Health officials, airport and seaport medical officers and army hygiene specialists.

BLIND PERSONS

During the year, 713 reports on form B.D.8 were received in respect of new cases for consideration of their admission to the register of blind or partially sighted persons. In addition 243 reports on old cases or persons transferred from other areas were reviewed.

The classification and follow-up of persons on the register of blind or partially sighted persons during 1963 is given in Table 39 on page 119.

The Chief Welfare Officer arranged for home teachers for the blind to visit all registered persons and follow-up on the treatment and advice recommended by ophthalmic surgeons. There is very good co-operation between the officers of the County Council and hospital authorities on the follow-up of patients.

NATIONAL HEALTH SERVICE ACTS

Section 22

CARE OF MOTHERS AND YOUNG CHILDREN

Clinic Attendances

Ante-Natal and Post-Natal Sessions.—The trend of decreasing attendances in both ante- and post-natal sessions has continued as in the two previous years, as the pattern of ante-natal and post-natal care by the mother's general practitioner becomes more firmly established. This year there was a decrease of 4,088 ante-natal and 146 post-natal attendances. Many mothers, however, attend the County Council's clinics for mothercraft and relaxation sessions.

The needs of unsupported mothers in full employment who may be unable to attend day time sessions for ante-natal care and who possibly are unwilling to attend their general practitioners led to an instruction by the Health Committee that there should be evening sessions held in each of the health areas for a trial period of three months. This trial was still proceeding at the close of the year.

Child Welfare Sessions.—There was a considerable increase in the number of children brought to welfare sessions from 94,878 in 1962, to 99,228, a difference of 4,350. This gives cause for satisfaction, particularly as the increase has been mainly in children under one year, and those between one and two years of age. With an increased birth rate in the County, it is of great importance that these levels of attendance should not be allowed to drop.

Clinics.—Five new purpose-built clinics were opened during 1963; Silver Street, Edmonton; Sutton Road Clinic, Friern Barnet; Ridge House Clinic, Edmonton; the Caryl Thomas Clinic, Harrow and Merryfields Clinic, Enfield.

The two mobile clinics in Areas 8 and 10 continued to be put to full use.

Welfare Foods, Vitamin Supplements and Medicaments.—The County Council has continued to be responsible for the distribution of welfare foods for children, and preparations containing vitamin supplements for expectant mothers. The uptake of these preparations has been lower than in 1962 except in the case of orange juice, where it increased by 11.8 per cent. Cod liver oil decreased by 6.6 per cent., vitamin tablets by 6.8 per cent. and National Dried Milk (4s. rate and free issue) by 7.7 per cent. Supplies of dried milks, and some other proprietary foods, are available to mothers and children attending their family doctor's ad hoc welfare clinics.

Day Nurseries.—The number of day nurseries (33) in the County remained unchanged in 1963. Children who would normally be accommodated at Plevna Day Nursery in Area 3 were admitted either to Park Lane Nursery or to temporary premises adapted for the purpose at Cornwall Road Clinic during

the rebuilding of Plevna Nursery. The William Dunbar Nursery which opened in Willesden in October, 1962, was approved by the Minister of Health as a training nursery in August, 1963. In January of this year Longcot Day Nursery in Acton increased its number of places from 44 to 54 to meet the demands made upon them more fully. This was done following an extension of the premises which was completed during the latter part of 1962.

The standard charge for admission to day nurseries was raised from 15s. 6d. to 17s. 6d. per day in May on the recommendation of the County Treasurer, having regard to the increase in the estimated cost per approved place.

Handicapped Children in Day Nurseries.—Under the scheme whereby children suffering from loss of hearing, those with a deaf mother, or both parents deaf, and children showing signs of maladjustment may be admitted to day nurseries free of charge, six children with loss of hearing all over two years of age were admitted during 1963, six with a deaf parent, of whom two were under two years, and six with signs of maladjustment, all over two years old. Nine other handicapped children, whose disability did not fall within the categories of free admission, were given places under the normal day nursery assessment rules.

Crèches.—There was no increase in the number of crèches open in the County. The one at Pound Lane Clinic, Willesden, was open for 97 sessions, and had a total of 421 attendances. During the first quarter of the year, there were only 27 attendances at six sessions, owing to the illness, followed by the resignation of the nursery assistant in charge of the crèche.

Daily Guardianship Scheme.—The arrangement which has been working satisfactorily in Area 3 for some years whereby a register of suitable daily guardians is kept at the area health office, and a small retaining fee paid to them, subject to their agreement to supervision, continued during 1963. There were 78 guardians on the register at the end of the year and the number of children cared for was 98. This is a decrease of 18 guardians from the previous year.

Extended schemes for Daily Guardians.—The extension of a daily guardianship scheme to all areas on the lines of the one which has been in existence in Area 3 for a number of years was approved by the County Council in July. Areas 1, 2, 4 and 9 decided to try out such a scheme. However, only a small number of guardians was registered by the end of the year in these areas.

An alternative pilot scheme was proposed whereby children would be placed with approved child minders under contract with the County Council, the child minder being paid an agreed rate by the Council, subject to financial assessment of the parents under the usual rules. The implementation of such a scheme was still under discussion at the end of the year.

Training of Day Nursery Staff.—Students entered the Chiswick and Tottenham Polytechnics' training courses for the Nursery Nurses Examination Board examination. Their practical work was done in the County Council's day nurseries, 29 of which are approved as training nurseries. In Area 6, owing to its large number of day nurseries, a special need exists for recruiting

day nursery staff. There is always a shortage of trained staff, and state registered nurses from agencies have often to be employed. Students are trained in the training nurseries in the area, but as most of them live some distance outside it, when they have obtained their qualification the majority leave within a short time.

In order to try to increase the number of recruits in the present critical shortage the County Council gave its approval in May to a supplementary training programme, limited to one intake of up to 20 students not counted against the area establishment with the proviso that it should not be considered as a precedent for the future. The extra students would receive their practical training at Chiswick Polytechnic, which offered additional facilities, and their practical training in Area 6 nurseries. Eighteen additional students began their training in September.

College based Course for Nursery Nurses.—This experimental course began in 1962 at Tottenham Technical College, but its curriculum had to be modified almost at the start to meet the requirements of the Nursery Nurses Examination Board. Thirteen students completed their first year of training in July, and proceeded to the second year in September, obtaining practical training at the County Council's day and residential nurseries and nursery classes of the Education Department.

A further 12 students began their first year of training in September. It is not yet known whether this course will become a permanent one since its original purpose, that of providing a more widely based educational course conflicted with the amount of practical training required before a student may take the Nursery Nurses Examination Board examination.

Training Course for Wardens.—One course was held at Chiswick Polytechnic from 2nd to 20th December, for the training of wardens. Nine nurses from the County Council's day nurseries attended this course. One of these was subsequently appointed as warden.

Refresher Courses.—A refresher course for nursery nurses was held in January at which 20 nurses attended, and a second in September, which was designed particularly for nurses working chiefly with children under two years; 17 nurses attended this course from the day nurseries.

A course for matrons and deputy matrons was held from 6th to 17th May, at which there were 19 attendances. These courses have been proved to have an undoubted value in bringing staff up to date with current trends in the study of child care development and the early detection of abnormalities.

Nurseries and Child-Minders Regulation Act.—The number of premises registered in the County as private day nurseries rose from 76 in 1962 to 100 providing 2,517 places, and the number of registered child minders 163, also showed an increase of 19 over the number in 1962, the total number of places being 1,686 (1,550 in 1962).

All persons registered as child minders are visited regularly at intervals of about three months, so that their standards are kept at a high level. The type of person who registered under the Act is normally someone who is prepared to adhere to the conditions prescribed by registration. Unfortunately,

there is a considerable number of daily minders who take one or two children (and who therefore are not required to register) who are extremely difficult to trace. Often mothers are unwilling to disclose the name of an unregistered minder. It is only by chance that health visitors get knowledge of them during the course of their visiting; there is no means of ensuring that the care they give is of an acceptable standard. The fact that their charges are usually less than those of registered child minders or daily guardians unfortunately attracts many mothers.

Family Planning Association Clinics.—The Family Planning Association holds sessions in 21 of the County Council's clinics; these are organised and staffed by the Association themselves.

Discussions took place in April of this year on the giving of advice to West Indian immigrants who are unmarried, but are nevertheless "stable cohabiters." Although the Association's policy is to give advice to married women, or those about to be married, they agreed to accept immigrants in the category mentioned if they were referred by a medical officer or health visitor. It was realised that these women would, in many instances, be unable or unwilling to pay the full fee, and no charge on their behalf would be met by the County Council since the referrals are not strictly on health grounds. To offset financial loss by the Association, therefore, in June the County Council agreed to waive the charge of 5s. per session hitherto made for use of its premises for Family Planning Association clinics.

Care of the Unsupported Mother and her Child.—The work of caring for unsupported mothers, making arrangements for their welfare during pregnancy, their place of confinement, and eventually their return to life in the community, and also satisfactory care for their babies, has continued by the County Council's almoners, working from head office. During 1963, the services of one full time almoner were lost, when she resigned to take a teacher training course and a second part-time almoner resigned for domestic reasons at the end of the year. It has not yet been possible to make new appointments. The senior almoner and her one part-time colleague have therefore been under great pressure of work. Nevertheless, one of the almoners is giving one session each week to work in a group practice of family doctors in Ashford to augment the other local authority services with which the practice is being supplied as an experiment. In this sessional work, the almoner meets a variety of cases with which she deals, and so far, although the time that she has worked is too short to make a true evaluation, she feels that the experiment is worth while.

During 1963, 547 mothers were placed in the County Council's homes, 34 more than in 1962. There were also seven married homeless women admitted for whom the local welfare authority has a statutory duty to provide accommodation. There were many more applications, but it was rarely possible to accommodate them.

The senior almoner reports that a wider social cross section than ever before of girls and young women are included in the number of unmarried mothers seen. The total number of cases referred was 1,382, many of these were admitted to a home, others married; some made their own private arrangements, while yet others sought the help of an almoner only to find

fostering arrangements pending adoption. This last type of case is increasing and there are very many girls who try to avoid admission to a mother and baby home, who would, in fact, gain by admission.

Admission to a mother and baby home ante-natally, gives a girl the opportunity to think things out away from the tension of her home; she is also helped by the companionship of other people who are in the same difficulty. In spite of what may be said to the contrary, most mothers are genuinely concerned and anxious to do the best for their child. There are very few who completely reject the baby and who do not try to make a decision which they feel will be in the child's best interests, as well as their own.

There is a considerable number of women admitted post-natally to County Council homes, for whom no other accommodation would usually be available. These girls can remain in their own private accommodation, with friends or relatives or in lodgings until delivery, but cannot return with the baby. Others who have made no arrangements are admitted to hospital through the Emergency Bed Service, having had no ante-natal care, nor made any preparation whatsoever. They are usually so confused and ashamed that they cannot face up to their predicament; but they are by no means the least intelligent. For these it is essential that adequate post-natal accommodation is available and they are often in need of greater help than the more organised young woman. Of the total of 410 patients sent to non County Council homes it was possible to get only 30 post-natal admissions, of which 21 were at a large Roman Catholic home in Highgate; this explains the need for post-natal places in the County Council's homes.

The number of expectant mothers of 15 years of age and under who required help was 77, the same as in 1962.

In November, approval was given to the attendance of an occupational therapist employed full time by the County Council for one session per fortnight at Amherst Lodge Mother and Baby Home for a trial period of six months from the beginning of 1964. In supervising the residents at Amherst Lodge, during their stay, it is hoped to help them to make clothes for themselves and their babies under the guidance of a trained instructor.

The standard charge for accommodation in the County Council's homes was raised in June from £2 6s. to £2 14s. per week for mother and baby, following the increase in the amount of maternity allowance payable. The County Council also approved in October, increases in the maximum maintenance rates at non County mother and baby homes.

"At Risk" Register.—The 1962 report referred to the use of a standard form which it was desired to bring into general use on which all relevant information of any child at risk of developmental abnormality would be recorded; the child would then be kept under observation until it was certain that development was normal.

A working party set up to deal with the subject simplified and modified the original form, bringing it into line as far as possible with that used by the London County Council since many hospitals admit patients from both counties. It is hoped that, in spite of difficulties the form, which is important for the purpose

of the early detection of abnormalities, will be brought into use both in the hospital and domiciliary field.

Incidence of Congenital Abnormalities detectable at birth.—A letter was received from the Chief Medical Officer of the Ministry of Health following the demonstration of the injurious effects upon development of the drug thalidomide and more recently suspicions of a similar effect produced by other drugs; the importance has been recognised of a continuing record of the occurrence of deformities detectable at birth. Defects will be notified to the Medical Officer of Health on a sealed birth notification form.

In a further letter in November, the Medical Officer of Health was asked to make a return on a standard form to the General Register Officer in respect of every child so notified in his area. These registers will provide valuable statistical information on the patterns of occurrence of congenital abnormalities.

Perinatal Mortality Survey.—This survey sponsored by the National Birthday Trust Fund was conducted over the whole country in 1958 when detailed questionnaires for every birth during one week in March were completed by midwives, those for stillbirths and neonatal deaths being continued for three months. The vast amount of information resulting from this survey has understandably taken a long time to analyse.

In December, the first full report of the survey was published, and at the same time, the Fund's Emergency Informal Committee circulated a report of the main findings, with their recommendations in the light of them. The first recommendation is that it considers that sufficient beds should be available in fully staffed maternity units to enable every mother whose age or health involves a risk to her child at birth to be booked for hospital delivery.

The Committee's report recognises with reluctance the need to speed up the turnover of cases in maternity hospitals, while there is an acute shortage of beds, by the planning of early discharges because evidence in the survey shows that the medical risks of discharge 48 hours after delivery are usually less serious than those of non-admission. Stays of even shorter duration are mentioned as worthy of further trials, with co-operation from general practitioners and midwives.

It is considered essential for the local authority to have full information about patients considered for early discharge and having assessed the suitability of the home conditions advise as to the suitability of patients for early discharge.

Where insufficient beds are available even by means of these early discharge schemes to allow of the essential admission of patients with toxæmia of pregnancy or other serious illness, the Committee recommends the setting up of temporary maternity hospitals.

A considerable part of the Committee's report and recommendations concerns the provision of adequate medical and nursing staff without which the increase of maternity beds will be useless. They consider that special and urgent study should be given to ways of increasing the number of midwives particularly in hospitals.

Recruitment of midwives is an ever present problem in the domiciliary service—where patients are discharged from hospital early, efforts are being made to employ part-time married midwives for the purpose of nursing them,

and carrying out ante-natal visits in their homes. This avoids adding to the already full case loads of the midwives attending domiciliary confinements.

Follow up investigations into the cases of early discharge of mothers and babies have not so far brought to light any ill effects. As the practice is extended, it is considered to be of prime importance that research on a scientific basis should be carried out into the effects which such discharge may have on the mothers and babies, so that an objective policy decision can be taken as to the future of such schemes.

One of the Committee's recommendations, that of providing free home help in cases where mothers are discharged early from hospital, was anticipated in Middlesex. In July, as is reported under Section 23, the County Council approved the provision of free home help in cases where it is necessary up to the tenth day.

The provision of home helps to confinement cases has always been given high priority, and no case has been refused, but if the numbers increase to any great extent the current shortage of home helps, more marked in some areas than others, may cause real difficulty in the service.

The report mentioned equipment, both analgesia apparatus of the most modern and efficient type for domiciliary midwives use and items for neonatal care, to facilitate the transport of babies to units equipped to give them expert treatment. Special electrically heated and air conditioned cots are available all over the county of Middlesex.

Survey of Childhood Malignancies (1956-60 Deaths).—This survey was a continuation of the work previously published in 1961 by Dr. Alice Stewart, Reader in Social Medicine, Oxford University. Local authorities were asked to participate in a further study, following up the histories of children who had died from cancer or leukaemia in recent years and comparing their family and medical histories with suitable controls. The work undertaken in the County consisting of the completion of detailed questionnaires after interviews with parents was undertaken by medical officers.

The interpretation of the information made available through the survey has led to the realisation that it is desirable to continue the collection of data until at least five "cohorts" (groups of individuals born at about the same time) have reached the age of 10 years. The most important reason rests upon the assumption that each type of cancer has a characteristic latent period, so that continuous observation over ten or more years may be needed in order to recognise the full consequence of certain events.

It is intended to continue the survey until all deaths from childhood cancers before 1968 in the series of cases studied have been recorded. This will make it possible to settle some points so far uncertain about the damaging effect of prenatal radiography and to estimate the "incubation periods" for the radiogenic leukaemias and cancers of childhood. It should give a pointer as to whether radiography in obstetrics has become safer in recent years.

The Early Detection of Phenylketonuria.—In July, a letter was received from the Chief Medical Officer of the Ministry of Health commenting on the report of a special conference appointed by the Medical Research Council which since 1960 has been investigating various scientific and administrative questions in

connection with the early diagnosis and treatment of phenylketonuria. This report had been published in the *British Medical Journal* during June, 1963. The report recommends that authorities should continue to maintain and, if possible, expand their present programmes of urine testing in babies and that data should be collected on the progress of all reported cases in Great Britain. In the light of experience the report expressed the view that the fourth week of life is probably the optimum time for testing and that a test about the sixth week of life probably detects most cases. It suggests that when practicable a system of two tests might be employed—one about the tenth to fourteenth day of life and one preferably between the fourth and sixth weeks. The report draws attention to the need for repeated testing of babies born into a family where the possibility of phenylketonuria is already present—"the high risk group". These children, in addition to having early and more frequent testing of urine should be referred to a paediatric unit at age one and three weeks old for blood tests. The report deals also with the type of test considered best and concludes with a paragraph stressing the need for the close liaison with local health authorities, local medical and hospital services in the diagnosis, treatment and management of children with phenylketonuria.

The implications of this report were discussed with area medical officers and it was remarked that although the test for phenylketonuria had been carried out in Middlesex for five years no positive case had been found by this routine screening method. A follow up was done on all children being treated for phenylketonuria at hospitals in Middlesex and at Great Ormond Street Hospital to see whether children with the condition had been missed at home or had been diagnosed in some other way. There was only one such case under treatment and a second case was notified in September. These two children had not been seen at home. In December an infant was found to have phenylketonuria when tested at a home visit by the health visitor.

Report on the Field of Work of the Family Doctor.—This report was received with a letter from the Ministry of Health in October since it contains references to the local authority services. Two of its recommendations concerning domiciliary nursing staff are closely linked, one being that the family doctor should use this team of workers in the way that a consultant uses his ancillary staff in hospital, and share in the control of their activities; the other being that field workers, such as members of the nursing staff should be attached to individual practices. In Middlesex, experiments are being carried out in one or two areas whereby a district nurse is attached to a general practitioner group. More recently, an arrangement for an extension of this experiment is to allocate the services of a special services almoner, a health visitor, a medical officer, and a mental welfare officer as well as home nurses to a group practice. It is not considered practicable at present to attach midwives to practices in Middlesex, although many domiciliary midwives attend the family doctors' ante-natal sessions at their surgeries.

The recommendation that family doctors will come in time to participate more fully, and replace many of the full time local authority doctors in the services does not take into consideration the nature of the work involved in the changing pattern of child health surveillance at the present time. The emphasis is now on detailed continuing observation and screening of children,

particularly of those known to be at risk of developing abnormalities because of circumstances before, during or shortly after their birth. This work is of the greatest importance, the earlier abnormalities are detected, the greater the chance of treatment, and the better the counsel which may be given to parents about their children.

It is difficult to see how family doctors could find time or have the specialised experience to undertake these duties in addition to their present large lists of patients. This work requires medical officers who have specialised training in the methods and who have enough time at their disposal for unhurried examinations of children.

In doing the ante- and post-natal care of their own patients, assisted by domiciliary midwives, many family doctors are replacing the local authority medical officers' clinic sessions.

DENTAL CARE

The following report on the operation of the priority dental service has been submitted by the Chief Dental Officer, Mr. K. C. B. Webster, L.D.S., R.C.S.:—

“ A further small decline in the number of expectant and nursing mothers receiving dental inspection in county clinics took place during 1963, but there was a welcome increase in the number of children under five years of age receiving inspection to counterbalance this. The steady trend in recent years for young women to attend their own dentist regularly after leaving school is resulting in a much better standard of dental health when pregnancy and lactation arise than used to be the case and gives cause for satisfaction. The majority of expectant mothers in the county do not receive dental inspection in the clinics, however, and it can only be hoped that they make their own arrangements for dental care. It therefore remains a matter of conjecture if a substantial number need dental treatment and do not receive it through any agency.

“ While the number of pre-school children inspected showed an increase, the number needing treatment was slightly less, and while this improvement was only minimal, the number of extractions showed a fall of 571 while the number of fillings increased by 72. There is reason to believe therefore that the teeth of young children are showing signs of improvement. There is no doubt that a more rapid improvement would follow if parents could intensify their efforts in obeying the rules of dental hygiene for their children, and if the fluoridation of water supplies were to be introduced in Middlesex.

“ Small children naturally find it difficult to embrace the rules of dental hygiene on their own, although much can be done to interest them in the various substances which cause decay, and those which do not, and the method of correct tooth-brushing needs to be taught at an early age. The three dental auxiliaries employed in Areas 3, 6 and 9 respectively spend a considerable proportion of their time on introducing young children to a good dental life, and thanks must be expressed to the various agencies who so readily make literature and films, and other teaching material available for the use of dental staff. Such help is usually given free of

charge, and is much appreciated by those engaged in social dental work. While staff can do much to help in improving the dental health of young children, the most important persons in early life are parents and relatives, and expectant mothers do show an increasing desire to improve their knowledge about the care of children's teeth.

“ In earlier days of public health work one of the main anxieties was the lack of adequate nutrition in childhood, particularly in the basic factors of high class proteins, fats and vitamins. Since the advent of the Welfare State concern has arisen at the surfeit of nutrients now ingested by children, particularly carbohydrates in the form of sugars and starches and certain vitamins. Particular concern has recently arisen regarding the effect of concentrated fruit juices and syrups made available to young children on account of their high vitamin content. Where the way they are taken allows these syrups either to remain on the teeth for long periods by imbibing last thing at night, or by directing a stream on to certain teeth at frequent intervals through the use of certain “ feeders,” the available evidence suggests that rapid dental decay can ensue. It is hoped that a more intensive study of the effect of these vitamin syrups on teeth will be undertaken by county dental staff in 1964. A valuable conference on diet and nutrition in relation to teeth was arranged by the General Dental Council in October, and attended by the Chief Dental Officer.

“ In the early part of the year the County Council decided to participate in arrangements with adjacent local health authorities with a view to introducing fluoridation of water supplies in Middlesex. The following Water Companies supply water in the County:—

Metropolitan Water Board.

The Colne Valley Water Company.

The Rickmansworth and Uxbridge Valley Water Company.

The South West Suburban Water Company.

The Woking and District Water Company.

The Lee Valley Water Company.

Slough Borough Council.

“ Each Company's supply system includes parts of adjacent counties, and agreement of all the health authorities involved is necessary because sections of a supply cannot be fluoridated, and others excluded. No decision was reached during 1963 by the Hertfordshire or Surrey County Councils concerning fluoridation in their areas, and in these circumstances the Middlesex County Council was unable to make any further progress in this matter. The water supplies listed have very low fluoride contents, far below the level of one part per million which is recommended for the reduction of dental decay as would be expected where the bulk of supply is from river water. One or two old wells appear to have a content approaching this level at times but this is rapidly lost when pumped into general supply.

“ Throughout the year the opponents of fluoridation have lost no opportunity to attack the measure, and have succeeded in alarming many people who were previously prepared to study the pros and cons of the

fluoridation of water in a scientific manner. Fluoridation has been in use in Watford for the past six years and anyone in this county who has become alarmed after reading anti-fluoridation propaganda would do well to enquire from responsible people in Watford about what has happened there. The fact of improvement in dental health of young children, together with no adverse effects on the general health of the public in Watford should be sufficient reassurance for most people. Even greater reassurance can be found from parts of Essex where fluorides occur naturally in the water to a level substantially above one part per million and have been drunk by succeeding generations of people without any of the disasters foreshadowed by anti-fluoridationists.

“An important report was contributed to the *British Dental Journal* in February, 1963, by Mr. D. H. Norman, Area Dental Officer, Area 9 on the use of the Wispair high speed airotor which elicited widespread interest in the dental profession both home and overseas. The Chief Dental Officer delivered a paper at the Annual Conference of the British Dental Association in Oxford in July on the future of the school and priority dental services.

“Amongst distinguished persons visiting county dental establishments during the year were Dr. Van Erp of Holland, Dr. Khai Yim of Sarawak, Dr. Bruce Wright of the World Health Organisation, Mr. J. P. Cocker, Chairman of the Experimental Committee for Dental Auxiliaries of the General Dental Council, Dr. Wynne of the Ministry of Education and Miss E. M. Knowles, O.B.E., Senior Dental Officer, Ministry of Health.

“During the coming year, arrangements will be made to hand over in April, 1965, the Middlesex priority dental services to the nine new London Boroughs which will function as health authorities instead of the County Council. The well-tried system of area delegation which has been in vogue since 1948, will make the transfer of dental clinics and staff working in them a relatively straightforward matter, and dental care for expectant and nursing mothers and young children will continue to be provided by the nine separate new units of administration under nine new Chief Dental Officers.”

Section 23

MIDWIFERY SERVICE

There were 9,460 domiciliary deliveries during the year (10,101 in 1962); 9,155 were attended by County Council midwives; the average case load being 61.

There are three factors which have contributed to the improvement in the number of midwives (an increase of 15) on the County Council's staff during this year. The first is that seven areas have instituted a rota system of night duty, which means that a midwife knows when she will be off duty at night for a certain time in advance and therefore is able to make plans for her outside activities. The second factor is the introduction of night calls being made to the midwives on duty through the ambulance service control. By the

end of 1963, four areas had this system in action, and one area medical officer reports:—

“ I am pleased to be able to say that the scheme has worked most satisfactorily and that liaison with the ambulance service control centre is excellent. The preparation of a rota which can be adhered to and the fact that each midwife knows she will not be called out to cases during off-duty periods has meant a great deal to the staff and has made for the very smooth operation of our services in what otherwise might have been a difficult period through staff changes, etc.”

The third factor is the employment of married midwives, mostly part-time, to nurse patients discharged early from hospital within a planned scheme. This is most suitable work for married midwives who because of their domestic commitments need regular hours of work without night calls. They undertake initial visits to the patients' homes to assess their suitability thus getting to know the patient before their confinement.

Shortage of maternity beds—catchment areas for hospitals—planned early discharge schemes.—The rising birthrate, combined with an inadequate number of maternity beds has been a problem throughout the year. Admission of mothers to hospitals through the Emergency Bed Service, who have been refused a booked bed at the time of their application and who are not cases of unforeseeable emergency had grown dangerously. Future plans for hospitals include a considerably increased number of beds, but these will not materialise for the next year or two and urgent measures have therefore to be taken for the expected demands of 1964.

In August, information was received that the Minister of Health had asked the four Metropolitan Regional Hospital Boards to define areas within which groups of hospitals would be responsible for all maternity patients living in the area. The Boards were asked to consult with the Boards of Governors of Teaching Hospitals, Local Health Authorities, Executive Councils and Local Medical Committees. They were also asked to set up a representative body to keep procedures under review.

When these catchment areas were defined, it would be the responsibility of the appropriate hospital to decide where a mother would be confined. One of the important aims was that all mothers should know as early as possible in their pregnancy where their confinement would take place. It was envisaged that these measures would stop the abuse of the Emergency Bed Service. In defining the catchment areas, the Regional Hospital Boards endeavoured to make as fair a distribution as possible of existing maternity beds in accordance with the population of the area. The North West Metropolitan Regional Hospital Board planned to make these areas coincide with the boundaries of the new Greater London Boroughs. A series of meetings was held during December at which my representatives attended, together with representatives of general practitioners and hospital staff. At these meetings dissatisfaction was expressed with the defined areas which cut across traditional catchment areas and close working patterns over many years. The boundaries in some areas also ignored road communications and routes of public transport, and in some cases would result in hardship to patients who would have much longer distances to travel if the hospital where they were booked was at the

further side of the proposed area. It is thought that as a result of the views expressed, some modifications will be made.

A scheme of planned early discharge at approximately 48 hours after delivery has been working very satisfactorily in Ealing with Perivale Hospital for two years. A specially appointed midwife visits the home of any mother proposed by the obstetrician at the time of her first visit to hospital for the early discharge scheme. If the home is considered suitable and arrangements are practicable for her care, this mother is accepted by the local authority for early discharge.

The number of such early discharges is necessarily limited by the number who can satisfactorily be delivered by the staff in the hospital where there is a great shortage of midwives without producing intolerable pressure on them from too rapid a turnover. If, having been accepted for early discharge, a mother or baby is not medically fit, they are always kept in hospital longer.

Similar schemes were begun during the year in areas 1, 2, 3 and 5 and other areas are considering them. It is essential that there should be consultation and liaison over each patient between the hospital, the local authority, and the general practitioner. In this way, a planned system is possible and the difficulties and dangers to the mother inherent in unplanned, indiscriminate early discharges which have occurred in the past are avoided. These schemes of planned early discharges should for the present be considered as an interim measure only.

In July of this year, the County Council asked the County Councils' Association to consider making representations to the Ministry of Health that the home confinement grant should be payable in planned early discharge cases. At the end of the year the matter was still under consideration by the Association.

Approval was given in July by the County Council to the free provision of a home help up to the tenth day of the puerperium where necessary to a mother who is discharged from hospital under the planned early discharge scheme. The need is assessed by the midwife who visits the home initially and help is normally limited to those mothers who are unable to make private arrangements. If the demand were to increase rapidly, the calls upon the home help service might well be more than could be met.

Standard Ante-Natal Co-operation Card.—Circular 2/63, dated 1st February, from the Ministry of Health enclosed a specimen copy of a proposed standard co-operation card which had been drawn up on the advice of an expert committee. The hope was expressed that the card would be used throughout the country though it was a matter for local decision. Local Health Authorities were asked to consult with Executive Councils and Hospital Authorities, possibly in Maternity Liaison Committees, on bringing the card into use. As I mentioned in my last report some hospitals have been using their own co-operation cards for a considerable time.

The broad result of these consultations was that the North West Metropolitan Regional Hospital Board agreed to adopt the standard card experimentally for one year, while the North East Metropolitan Regional Hospital Board replied that only Chase Farm Hospital would use the standard

card, other hospitals in Middlesex preferring to use their own. In July, the Middlesex Local Obstetric Committee replied that the standard card was acceptable to general practitioners in the County.

The matter was also discussed in the ensuing cycle of meetings of Maternity Liaison Committees in Middlesex.

Refresher Courses.—28 midwives attended refresher courses required under the rules of the Central Midwives Board. Four superintendent and deputy superintendent midwives also attended compulsory refresher courses. Three senior or superintendent midwives attended a special course at the Tavistock Institute.

Training of Pupil Midwives.—The number of pupil midwives who undertook the Part II of their training for the State Certified Midwife qualification was 136; this was 22 less than the number trained in 1962. From discussion with matrons of the hospitals from which the pupils come, it was learned that in one the financial provision for training had been decreased, and in others that there was a shortage of applicants for training. There has recently been approval in many general nurse training schools to the inclusion of three months obstetric training in the final year of general training. This may in time help recruitment, since it shortens the time during which a state registered nurse has to spend in the whole training as a midwife. It is not, however, at all certain that this will induce qualified midwives to practise midwifery; at present the work in hospital maternity departments is at such high pressure due to shortage of staff and such a rapid turnover of patients while there is a shortage of beds that many are disinclined to make midwifery their career.

Regional Obstetric Survey.—The aim of this survey which was mentioned in my last report as having begun in 1962, is to study in detail the circumstances of confinements in four categories of mothers in the North-West Metropolitan Hospital Board Region over a complete year, in order to provide information which it is hoped will be of value in planning improvements both in the hospital and domiciliary maternity service. The information is collected by means of a questionnaire completed by the doctor or midwife attending the mother and returned to the obstetrician directing the survey. The first quarterly report showed that 1,474 questionnaires had been studied, with a considerable preponderance in one of the four categories, that of mothers having had four previous pregnancies. In order to bring the numbers studied to a more uniform number the survey is to continue for a second year in respect of the two lowest groups. Already some valuable information is coming to light. A second interim report on the first half year of the survey was received when 3,389 cases had been included. No report of the analysis of the questionnaires on the first year has yet been received. This is a study which will necessarily take a good deal of time to complete.

Premature Births.—There were 374 premature babies born at home or in nursing homes in 1963, 26 fewer than in 1962. This decrease would be expected partly from the somewhat lower total of domiciliary births, the reduction being one of 641 births. It is always safer to arrange for a premature birth to take place in hospital and this is done whenever possible in Middlesex.

Care of Premature Babies and Sick Infants.—Portable Incubators.—The number of calls for the 10 portable incubators, which are maintained ready for use at a temperature of 85 deg. F.—90 deg. F. in each of the County's ambulance depots, has increased from 48 to 114. Of these 94 were for the transport of premature babies, 15 were for sick infants, and in five instances the incubator was not required after being called. This rise in the number of calls is encouraging, since it means that the availability of the apparatus is now more widely known. The temperature inside the incubator needs to be watched very carefully as it drops very rapidly at any time when the lid is opened, or when the electrical supply is disconnected.

Analgesia.—A letter was received in April from the Central Midwives Board, seeking information on the number of sets of gas and air apparatus in the County inclusive of those in hospitals. The reason for this enquiry was that, following the publication of a paper on "The Hazards of Gas and Air in Obstetrics" in a medical journal, the Board were reviewing their policy with regard to the administration of inhalational analgesia by midwives, with reference to the adequacy of present arrangements, and also the possible approval of a 50 per cent. nitrous oxide, 50 per cent. oxygen mixture delivered from a suitably controlled apparatus, as a substitute for nitrous oxide/air mixture. At the present time trilene is used as the analgesia of choice by the domiciliary midwives.

Section 24

HEALTH VISITING

Health Education.—The work of a health visitor is concerned every day with health education in its widest sense. In all areas of the County there are many opportunities for health visitors to discuss subjects relevant to health informally during their interviews with mothers both in clinic sessions and at visits to their homes.

Mothercraft and relaxation sessions are also arranged in most centres for expectant mothers, to instruct them in healthy living during pregnancy, to prepare them for labour and to teach them about the care of their babies. In some areas the syllabus of these classes is circulated through family doctors, welfare food distribution centres and the hospital ante-natal booking clinics in addition to being handed to mothers by health visitors.

Displays of posters, together with appropriate distribution leaflets on health matters, are made use of. In one area a particular subject is selected as a project each month and the mothers' attention is directed to this subject in all ways possible. Subjects include safety in the home, children's sleep, diet and personal hygiene.

Two areas arrange evening classes where fathers-to-be may accompany their wives to see films and to hear health teaching. These occasions have proved very popular.

In another area, talks on dental health matters are given at one clinic, and it is becoming more and more frequent for health visitors to give talks in schools and also to voluntary organisations.

In Area 8, an experiment is being tried designed to encourage discussion on toddler development and behaviour pattern. A toddlers' play corner, suitably equipped has been set up in the main (rather too large) hall. Mothers are encouraged to discuss with their health visitor various aspects of toddler management starting usually with the subject of suitable play and occupational toys and material at each age level. This leads to an easy approach to behaviour pointers and problems and these can be freely discussed whilst the toddler is occupied and out of hearing.

In my report for 1962, there was mentioned a series of weekly discussions at Spelthorne Clinic in Area 10, led by Dr. Wilson of the Cassell Hospital, Richmond, and attended by a group of mothers before and following the birth of their babies. The purpose of this group was to discuss the emotional aspects of childbirth and child development, and this year's report adds that it has been used partly as a research project into the emotional needs of expectant mothers, and the mother child relationship of the first years of a child's life. When the psychiatrist left the group, the mothers asked to be allowed to continue as a mothers' club which is now flourishing and they have been joined by other mothers in need of support and social contact.

The psychiatrist is now running a second group on the same lines. He and the superintendent of nurses of the Cassell Hospital asked if they could start another type of experiment. They wanted to form a group to meet once a week at Spelthorne Clinic, to include the clinic doctor, the health visitor and the local midwife as a nucleus. This was to be a case conference to which any professional member of the local authority services or any general practitioner could bring cases of early emotional disturbance and obtain help in dealing with them. It is also hoped that this will facilitate earlier admission to hospital of mothers with their children and prevent serious breakdown.

Liaison with General Practitioners and Hospitals.—There is constant communication in all areas of the County Council between health visitors and hospital almoners so that there is a follow-up of patients discharged from the wards. This applies particularly in the case of maternity (other than planned early discharges) and geriatric patients and many others who may need the local authority's services in their homes.

A weekly infant welfare clinic in a large group practice in Ashford, staffed by a doctor and a health visitor on the local authority's staff, is being well attended but since it has only been in operation for a few months it is rather too early to assess its value. This is the same practice in which a home nurse is working and in which two midwives attend the doctors' ante-natal sessions.

In Area 7, a health visitor has for some time attended a general practitioner's weekly post-natal clinic, where the needs of the mothers with their babies are discussed. In Area 4 also, a health visitor has begun to work in conjunction with a group of general practitioners. As the availability of staff permits, it is hoped that this co-operation will be extended.

In Areas 1 and 3, a health visitor attends ante-natal and welfare sessions at a group practice surgery, in this case she acts as liaison officer between the doctors and her colleagues who are concerned with the patients.

Refresher Courses and Conference.—During the year, 29 health visitors and tuberculosis visitors and three superintendent health visitors attended refresher courses. In October, four superintendent health visitors attended a two-day study conference for Public Health Nurse Administrators.

In-service Training.—Throughout the year, 11 series of instruction classes in relaxation and relief of tension in the preparation of mothers for childbirth were attended by health visitors and midwives. These classes have proved of undoubted value in the conduct of their sessions with expectant mothers. In addition, 12 study sessions have been held in different areas for those who wished to discuss problems arising during the course of their teaching. Five health visitors attended the part-time course in teaching methods and nine continued to attend the University of London Extra Mural Course on Human Relations organised by the Mental Health Section of the Department.

A training course in screening for the detection of hearing loss in children was held at the Blanche Neville audiology unit in Tottenham under the direction of Dr. L. Fisch and was attended by 28 health visitors. Twelve health visitors attended two-day courses in Leicester on the same subject.

Eight superintendents, deputy superintendents and senior health visitors attended a one week seminar for senior nursing staff at the Tavistock Institute.

Recruitment.—The shortage of health visitors continues to impose severe restrictions on any expansion of the work. At the end of the year only 244 whole-time equivalent staff were available for the combined duties of health visitor/school nurse out of the approved establishment of 360. It would be helpful to have more organised service of support and health education for older people and to do more health education in schools but this cannot be developed until there are more health visitors on the staff.

There are still 68 whole-time equivalent clinic nurses employed. They relieve the health visitors of such routine matters as preparing for clinic sessions and treating minor ailments, releasing them for the special advisory work for which they have been trained.

Fourteen health visitor students were trained during the academic year 1962–63 at Chiswick Polytechnic; of these, nine were sponsored by the County Council and they will continue to work in Middlesex for two years after qualifying. In addition to these, 34 students were given places for practical training in this county from the Battersea College of Technology and from the Royal College of Nursing training courses.

Section 25

HOME NURSING

At the end of the year the equivalent of 292 whole-time home nurses were employed. This excludes supervisory staff. The number of patients attended during the year was 27,444 (28,876 in 1962) and of these 17,072 were 65 years of age or over. Reference was made in last year's report to the considerable number of visits of over one hour's duration. Records of these have been kept throughout the year and of the total number of visits of 841,944 (844,350 in 1962) it was found that 17,995 were of over one hour's duration.

Queen's Institute.—During the latter months of 1962, consideration had been given to the County Council's membership of the Queen's Institute of District Nursing following the review of the charges for membership carried out by the County Councils' Association and the Association of Municipal Corporations. These bodies recommended that changes in the basis of subscriptions from £3 15s. per Queen's nurse employed by the authority to £2 5s. per district nurse (whether Queen's trained or not), and other changes.

As fewer than half the district nurses at present employed in Middlesex are Queen's nurses, this would mean a considerably increased overall subscription. The advantages of membership of the Queen's Institute are reduced since the County started its own training scheme for district nurses in September, 1962, at Chiswick Polytechnic. After assessing the relative advantages and disadvantages to the authority, the County Council decided in January of this year to terminate its membership of the Queen's Institute of District Nursing by the giving of six months' notice.

Home Care Scheme for Sick Children.—A successful scheme has been carried on by St. Mary's Hospital, Paddington, since 1954, whereby the mobile resources of the hospital have been used to assist family doctors in the home care of children who might otherwise have to be admitted to hospital. The scheme has a number of advantages, among which are the avoidance of taking the child from his home and parents and of possible cross infection in hospital, together with continuity of medical care, and close co-operation between family doctor and hospital. In October, 1962, the hospital expressed their desire to extend the boundary of this scheme to an area which includes part of Willesden. After consultation with the paediatrician of the adjacent hospital, who raised no objections, the Health Committee agreed to the request of St. Mary's Hospital to extend their home care of sick children to the Willesden area, on the understanding that the home nursing would be undertaken by the Paddington District Nursing Association and that there would be no cost to the County Council.

Home Nurses working with General Practitioners.—In Area 10, a home nurse has for more than a year worked in a group practice in Ashford; this arrangement has worked very satisfactorily. It promotes a closer relationship between the patient, nurse and doctor. The size of the practice warrants the use of a second home nurse, but so far, it has not proved possible to implement this.

There is a similar scheme in Area 6 where a home nurse visits the surgery each day, discusses details of treatment with the doctor, and learns the results of any special tests on the patients. She also hears of new visits to be made. The doctors and the nurse are in favour of the arrangement, finding the integration of their work very valuable.

In-Service Training.—The County Council's training course for district nurses has continued throughout 1963, two courses of 13 weeks' duration and one of 17 weeks being held. The total number of nurses undergoing training was 30 and all of these were successful in the examination for the National Certificate in District Nursing.

The training course is run very successfully at Chiswick Polytechnic. A second tutor has now been appointed to the staff to assist with the considerable work of the course which involves so much practical supervision. Many nurses who have taken the course have expressed their appreciation of its value in their work.

Refresher Courses.—Thirty-four home nurses attended refresher courses during the year.

Conferences.—Five supervisors of home nurses attended a one-day conference in May.

Trial of Microlax.—A trial is being carried out in Area 8 of a new type of disposable enema which has the advantage of being very small in size. It was agreed initially to distribute 100 of these among a limited number of both district nurses and midwives. A simple record card is completed in each case where an enema is used. Previous clinical trials in Sweden have shown this type of enema to be useful, acceptable to patients, and without harmful effects. The trial began at the end of May. In August the area medical officer reported that in general the type of enema was quick and easy to administer and therefore saved the nurses' time. Patients experienced no discomfort and preferred it to the old method. It was more successful with midwifery than with geriatric patients.

I was asked to continue the trial in a further 100 cases and these had not been completed at the end of the year. When all 200 record cards are completed, an evaluation will be made of the use of this enema in district nursing and domiciliary midwifery.

Disposable Syringes.—It was reported in 1962 that a month's trial of disposable hypodermic syringes was carried out in the district nursing service for approximately one month May to June, in 1962, throughout the County. The Medical Research Council has recommended strongly the use of these syringes for all purposes in circumstances where sterilisation in a central unit is not possible. Therefore in August of this year area medical officers were asked to make provision in their budgets for a more general use of them which would include immunisations. In October, the County Council approved the use throughout the County Health Service of disposable syringes.

Marie Curie Memorial Foundation.—A register of nurses and unqualified helpers to care for patients suffering from cancer in their homes was set up in 1962 and has continued in operation this year. After the initial advertisements had resulted in a considerable number of applicants being placed on the registers held in the areas, the spasmodic nature of calls for their services caused a proportion of them to resign. In six areas, advertisements were renewed by the Foundation. The rates of pay of categories of qualified nurses have been kept in line with Whitley Council scales. In all, 55 cases were given nursing help during 1963, and the cost to the Foundation of this assistance was £785 13s. 5d.

The Welfare Grant scheme under the Foundation was also used to provide bedding, clothing, linen, extra nourishment, and some other comforts to cancer patients, amounting to £173 5s. 7d.

Section 26

VACCINATION AND IMMUNISATION

A booklet giving the latest information on all matters concerning active immunisation against all the diseases where it is now possible was published and circulated to authorities by the Ministry of Health in March this year. It was prepared by the Standing Medical Advisory Committee for the Central Health Services Council and the Minister, and contains much valuable information on protection, not only against the diseases met in this country, but on those which may be encountered by people travelling abroad.

The County Council agreed to participate in a two-part campaign for press and television publicity designed by the London and Home Counties Co-ordinating Committee for Health Education. The first part was carried out by inserting advertisements in a large number of newspapers and by displaying posters during two weeks in September. By November, enquiries showed that there had been no noticeable effect in the demand for vaccination or immunisation.

Smallpox.—Notification was received in January that the advice contained in a Ministry of Health circular received in November, 1962, that smallpox vaccination was better done in the second year of life rather than the first as hitherto, was now included in the leaflet published by the Ministry and available for distribution to the public.

After consultation with the Local Medical Committee the County Council decided that as from 1st April, 1963, no payment for records of smallpox vaccination would be made to doctors in respect of persons over 16 years of age unless the vaccination is carried out at my request or that of the district medical officer of health, since these records were not normally required.

In last year's report reference was made to the heavy demands for vaccination and re-vaccination following the outbreaks of smallpox which occurred in various parts of the country and it was therefore anticipated there would be a considerable decrease in demand in 1963. The decision mentioned in the preceding paragraph also affected the records available of vaccination of persons over 16 years of age. The number of notifications received of vaccination and re-vaccination was 19,803 (376,470 in 1962). In view of the recommendation that infant vaccination is better done in the second year of life it is interesting to note that 5,375 vaccinations were of children under one year of age and 4,567 of children aged one year. Full details are set out in Table 13 on page 98.

Poliomyelitis.—Since Sabin oral attenuated virus vaccine was introduced and given Ministerial approval in 1962, it has been used in all the Council's clinics and Salk vaccine given by injection only when requested specifically by parents. Supplies of Salk vaccine are available for the use of general practitioners, a number of whom are using quadruple vaccine combining immunisation against diphtheria, tetanus, whooping cough and poliomyelitis. This vaccine has not as yet been recommended by the Minister of Health for use by local authorities and it is not therefore supplied by the County Council to general practitioners. When records of vaccination of persons within the priority groups vaccinated with quadruple vaccine are submitted the usual fee is payable.

The number of persons who completed a primary course of immunisation against poliomyelitis during the year was 36,816, a decrease of 7,801 compared with the previous year. Further statistics are included in Table 12 on page 97.

It would appear that the reduction in the number of cases of poliomyelitis is leading to complacency and that intensive efforts will be needed to maintain the existing high degree of protection among the population of the county.

Diphtheria.—Reference is made in the section of the report dealing with infectious diseases (page 9) to the two cases of diphtheria reported in one county district during the year. In the opinion of the medical officer of health the high degree of immunological protection did much to minimise the outbreak and to prevent the spread of infection. In view of this reminder of the need to obtain a high level of protection I am glad to be able to report that the number of children immunised under five years increased over the number for the previous year by 1,861. It is disappointing, however, that in spite of an increase in the number of live births and the special publicity campaign mentioned earlier in this report it is still below the figure for 1961. Statistics by areas are set out in Table 15 on page 99.

Section 27

AMBULANCE SERVICE

During the year 1963, the County Council gave approval to the setting up of one central control point for the ambulance service. This will replace the existing interim scheme of control which is based on three district controls and will be accommodated at ambulance service headquarters. The scheme envisages the receipt of all requests for ambulance transport, including accident and emergency work dealt with over the "999" network, at the County Control and the issue from this one point of all instructions for the movement of vehicles to deal with them. To permit this, the control will be provided with special exchange lines agreed with the General Post Office for the receipt of "999" calls together with other exchange lines to be utilised by doctors, hospitals, members of the public, etc. Certain major hospitals will be linked with the control by private wire circuits. To facilitate the passing of instructions to service establishments, the control will be equipped with private wire circuits to all sick removal depots and accident stations and a teleprinter network will cover all depots. Private wire circuits will also connect the control with certain neighbouring authorities, London Airport, Fire Brigade Headquarters and the British Red Cross Society.

Although from a communications point of view the new control will be somewhat more costly than the existing district controls, the savings in staff which will be achieved by centralisation are such that there will be an overall saving of some £10,000 per annum. The work on the installation of the necessary equipment was started before the close of the year, and it is anticipated that the control will be fully operational in July, 1964. At peak

times there will be approximately 44 staff on duty in the control room, most of whom will be using telephone or teleprinter equipment. In order to provide staff with the best possible working conditions, and in an effort to minimise the possibility of error, the County Council has agreed that the room will be soundproofed.

Reference was made in my report for 1962, to the fact that the County Council had under consideration at the close of that year, a proposal for the implementation of a pilot scheme of radio control to be based on one of the three service districts. The County Council approved this scheme early in 1963, but due to certain difficulties in obtaining sites for the necessary aerial masts, it was not brought into operation until October. The scheme provides for a total of 60 vehicles to be under radio control and it is hoped to show that this method of control will improve the co-ordination of the ambulance fleet thus giving greater flexibility and a better use of resources.

The County Council has decided that self-contained ad hoc accident stations shall be provided for the ambulance service and the scatter of accident vehicles required under the present system of control necessitates the eventual erection of 18 such stations. It may well be found that with the better use of resources referred to, it will be possible to reduce the number of accident stations required, thereby saving some £5,000 to £6,000 per station. It is hoped that savings of this kind will offset the cost of installing radio control throughout the ambulance service. A report on the outcome of the pilot scheme will be submitted to the County Council during 1964.

Arising from the fire brigade scheme of re-organisation, the number of fire stations accommodating accident ambulances was reduced during the year by a further three, to 13. During the course of the year, the County Council gave approval to the erection of four accident stations which it is hoped will be available during the latter part of 1964. The County Council also agreed to certain works of modification to an old fire station to provide self-contained accommodation for an accident ambulance.

For some years now, the ambulance service control organisation has provided a point of contact outside normal office hours between the mental health service and general practitioners, police, members of the public, etc. Persons requiring the services of a mental welfare officer at such times have been able to make contact with the appropriate duty officer through the ambulance service control room. During 1963, this facility was extended to the midwifery service and arrangements agreed with four of the 10 health areas in Middlesex whereby patients could contact the duty midwife outside normal hours and at week-ends via the control room. Furthermore, arrangements were agreed with the Welfare Department which provided for the control room to become a point of contact at these times between duty area welfare officers and the police, local district councils, National Assistance Board, etc. The use of a properly equipped continuously-manned control room to provide facilities of this kind for other emergency services which are not large enough to make such provision for themselves, is a natural extension and is undoubtedly of considerable assistance to the services concerned.

Recruitment and Training of Personnel.—The improvement in recruitment which took place in 1961 and 1962, was maintained during the first part of the year but unfortunately this situation deteriorated somewhat as the year progressed. At the beginning of the year, the service had a deficiency of 11 personnel in an establishment of 565. At the end of the year, the deficiency which had averaged 23 per month, had increased to 29. Notwithstanding this, the number of driver-attendants employed throughout the year was still higher, with the exception of 1962, than in any of the preceding seven years.

The provision of initial training for recruits and refresher courses for serving personnel continued through the year at the ambulance service training school. As indicated in my report for 1962, it became necessary to advise the County Council that due to other demands made upon the staff of the training school (instructors are required to undertake duty as relief depot superintendents), the number of courses being held was falling short of the total necessary to maintain the programme laid down when the school was opened. This envisaged that all driver-attendants would attend a two-week refresher course at intervals of not more than three years. In these circumstances, the County Council agreed to the appointment of an additional instructor/relief depot superintendent, making a total of four such posts.

At the close of the year, consideration was being given to the content of a special three-week course for the 40 shift leaders employed in the service and also the possibility of amending the syllabus of the refresher course for driver-attendants to include some measure of advanced first aid training.

Demands on the Service.—Demands made on the service in 1963, showed a change in the trend of decreasing numbers of patients which had been apparent during the two preceding years; the number of patients carried being 24,758 more than in 1962. The mileage undertaken in the removal of these patients showed an increase of 82,004 on the figure for 1962 but it has been found that the trend over the past few years to an increase in the average number of miles undertaken in respect of each patient, has not continued. During 1963, the average number of miles per patient journey was 5.04 as compared with 5.1 in 1962. It is hoped that the ultimate centralisation of the control system and the possible future use of radio control will lead to further reductions in this figure.

Extremely severe weather conditions set in during the latter part of December, 1962, and continued until the middle of February, 1963. During this period the service operated under considerable difficulty due to the constant presence of snow and ice. Notwithstanding this, the vast majority of demands were met although, on occasions, due to the difficulties which the service itself was experiencing and the considerable increase in the number of accident and emergency calls caused by the weather conditions, it was found necessary to temporarily restrict the provision of transport for out-patient treatment attendances.

Details of the number of patients carried and the mileages run, together with corresponding information in respect of the previous four years, are as follows:—

					Patients carried by directly provided and supplementary services.					
					1963	1962	1961	1960	1959	1958
January	..	..	..	..	62,340	63,874	70,631	69,458	65,090	67,544
February	..	..	..	..	62,138	58,898	62,611	69,259	60,136	61,523
March	..	..	..	..	67,816	67,619	70,858	75,237	63,133	66,486
April	..	..	..	..	64,672	60,523	62,430	62,902	69,377	64,061
May..	..	..	..	..	71,224	71,244	70,334	70,384	65,623	76,836
June..	..	..	..	..	59,536	61,243	68,625	65,293	67,640	72,280
July	..	..	..	..	69,369	67,342	65,504	66,084	69,772	68,323
August	..	..	..	..	61,775	63,260	64,149	64,891	58,862	59,704
September	..	..	..	..	64,341	61,843	64,855	66,393	65,885	65,176
October	..	..	..	..	73,126	71,134	69,812	67,724	71,104	71,200
November	..	..	..	..	69,886	68,047	69,825	72,962	68,479	63,085
December	..	..	..	..	61,122	47,560	58,763	63,704	65,885	62,003
Total	..	..	..	..	787,345	762,587	798,397	814,291	790,986	798,221
Total mileage run by directly provided and supplementary services					3,973,162	3,891,158	3,900,818	3,891,366	3,809,951	3,864,579
Total patients carried by										
(a) directly provided service ..					746,922	716,923	736,114	754,124	738,935	744,433
(b) supplementary services ..					40,423	45,664	62,283	60,167	52,051	53,788
Total mileage run by										
(a) directly provided service ..					3,402,668	3,298,395	3,249,576	3,261,013	3,245,198	3,256,564
(b) supplementary services ..					570,494	592,763	651,242	630,353	564,753	608,015

Liaison with Hospitals.—The usual pattern of liaison visits by ambulance service officers to hospital transport officers was continued during the year. There is no doubt that regular discussions of this kind assist in overcoming the many local day to day problems which can arise, some of which would probably expand to undue proportions if they were not dealt with promptly and with good will on both sides. The efficient and economic operation of the ambulance service is to a very large extent dependent upon the co-operation of its users in ensuring that complete and accurate information concerning transport needs is made available at the earliest opportunity and, in any event, with at least 24 hours notice in respect of non-urgent removals. I am pleased to report that a very high degree of co-operation is shown by transport officers in this respect.

Resuscitation.—The replacement of the Novox resuscitation equipment in use in the service by the Oxyvator Resuscitator, which commenced in 1962, was completed during the year. All accident ambulances now carry an Oxyvator Resuscitator and a small stock is held on each sick removal depot for use as necessary on sick removal ambulances and also as “spares” as and when the equipment on accident ambulances is withdrawn for maintenance or repair. In addition, arrangements were made for all sick removal ambulances to be equipped with the Porton Bellows Resuscitator, thus ensuring

that every Middlesex ambulance carries resuscitation equipment as a standard item. Reference was made in my report for 1962, to the effect that the service was providing information to Dr. Gardner (Consultant Anaesthetist to the Barnet General Hospital) in respect of all cases in which any form of artificial respiration was applied. These details were made available during the whole of 1963. Dr. Gardner has carried out a great deal of research on this subject and it is hoped that early in 1964, the service will receive the benefit of his further advice arising from the data made available to him.

Vehicle Replacement Programme.—During the year, delivery was taken of five ambulances, 16 sitting case vehicles and two sitting case cars from contracts placed in 1962. A contract was entered into for a further 22 ambulances but none was ready for delivery by the close of the year.

A new feature of the 22 ambulances was the inclusion in the specification of an engine heater and thermostatically-controlled radiator shutters. These modifications were included in an effort to assist in the annual problem of maintaining an adequate interior temperature. All service vehicles are fitted with heaters, but these only function when the engine is running and on a very cold day it is necessary for the vehicle to be driven some little distance before it is possible to build up a reasonable interior temperature. The position is aggravated by the nature of the work undertaken by ambulance vehicles, involving the necessity to stop frequently and open the doors, which militates against the maintenance of an adequate interior temperature. Arrangements have been made for one of the 22 ambulances on order to be fitted with a heater which is completely independent of the vehicle engine. Experiments are to be conducted with this equipment which, if suitable and successful, would help to compensate for the loss of warmth occasioned by the need to open the vehicle doors.

Diesel fumes.—As a result of the increasing use of diesel vehicles in the ambulance service, a problem arose at ambulance depots with regard to the dispersal of diesel oil fumes. In an attempt to minimise this difficulty, instructions were given that, so far as possible, the engines of stationary vehicles should not be run in the garage, and, of course, efforts were made to maintain maximum ventilation. However, these measures did not entirely overcome the problem and consequently, during the latter part of 1962, the County Council considered various suggestions put forward by the County Architect to deal with this problem. Approval was given to an experiment at one depot whereby flexible metallic tubes were provided for connection to the exhaust pipes of vehicles and then discharged through the wall of the depot to the atmosphere.

This experiment proved satisfactory and in July, 1963, the County Council gave approval to the installation of a maximum of 10 such exhaust pipe extensions at each of the purpose-built ambulance depots.

Transport of Patients by Rail.—During the year, the number of patients conveyed under ambulance conditions by railway was 679, compared with 672 during the previous year. It is a pleasure to report that the service again received the full co-operation of the railway authorities in effecting these removals.

Ambulance Service Efficiency Competitions.—The annual efficiency competition was again organised in 1963, and was won by No. 7 Depot Hillingdon, with No. 3 Depot Finchley occupying second position.

Safe Driving Awards.—Once again, all personnel were entered for the safe driving competition of the Royal Society for the Prevention of Accidents with the following results:—

21–24 year star bar	..	..	..	..	1
16–19 year bars	..	..	..	..	2
11–14 year bars	..	..	..	..	34
10 year medals	..	..	..	..	8
6–9 year bars	..	..	..	..	72
5 year medals	..	..	..	..	20
Diplomas	..	..	..	..	171
Total Awards					308

The following payments were made under the County Council’s monetary award scheme:—

- 7 personnel received 10 guineas in recognition of 10 years accident free driving, whilst
- 21 qualified for the 5 guineas award, recognising 5 years accident free driving.

Section 28

PREVENTION OF ILLNESS, CARE AND AFTER CARE

Tuberculosis.—The facilities for the care and after care of persons suffering from tuberculosis have continued with little change throughout the year. The statistical tables relating to tuberculosis are shown on pages 101-103.

In Middlesex the County Council’s arrangements for care and after-care are centred on the chest clinics, and the physician at each chest clinic is responsible for the general supervision of the County Council’s staff and its scheme to promote the welfare of patients. This arrangement works quite smoothly and over the years has proved to be effective.

Home Visiting.—The number of tuberculosis visitors on the County Council’s staff at the end of the year was 38. In addition to home visiting they undertake duties at the chest clinics and act as clinic sisters at diagnostic and treatment sessions. During the year they made 41,528 visits to patients’ homes (an increase of 1,350 over the figure for 1962). The tuberculosis visitors advise on prevention of the spread of infection, on arrangements for care and after care, and keep all known contacts under close supervision.

Included in the above figure of 41,528 visits, are those made to non-tuberculous households. These also increased during 1963 when 6,131 such visits were made, as compared with 5,724 in 1962.

Welfare.—The decline in the incidence of tuberculosis has had a marked effect upon the functions and duties of welfare officers attached to chest clinics. The work of these officers is now similar to that of a hospital almoner. The medical-social work undertaken at all the chest clinics, with the exception of Ealing, Edgware, Harrow and Uxbridge is now integrated with the hospital almoning service.

Occupational Therapy.—This is the first stage in the rehabilitation of the patient and the two full-time occupational therapists have continued their work, visiting patients in their own homes and holding classes at some of the chest clinics or in nearby premises. Guidance and training is given to selected patients in a wide range of handicrafts, including needlework. Materials are supplied to patients through the County Council's Supplies Department at cost price, plus a 10 per cent. handling charge.

Insofar as tuberculosis is concerned, the trend towards a diminishing demand for occupational therapy continued during 1963. 1,714 successful visits were made to patients' homes, representing a decrease of 522 compared with 1962. There was also a decline in attendances at chest clinic classes from 738 in 1962 to 690 in 1963.

Rehabilitation.—The needs of the patient continue to be met in three ways:—

(a) Through full-time training provided by the Ministry of Labour at their training centres;

(b) By the admission of selected patients to colonies such as Preston Hall. The number of patients maintained by the County Council during 1963 at this colony was two.

(c) By providing training and subsequently employment under sheltered conditions at the Council's own workshop at Tottenham.

At the year end one manager/instructor, two charge hands and 38 journeymen cabinet makers were employed.

The County Council maintains one hostel for homeless tuberculous men at Twickenham, with accommodation for 16 residents. The hostel is managed by a resident warden with his wife as assistant warden.

Vaccination against Tuberculosis.—The Council's scheme provides for the vaccination with BCG of individuals who are contacts of tuberculosis, school children aged 13 or older, students attending universities, teachers' training colleges, technical colleges or other establishments for further education.

The following table shows the number of persons vaccinated during the past ten years:—

Year.	Number of persons vaccinated under:—		Total.
	Contact scheme.	Scheme for school children and students.	
1954	1,740	156	1,896
1955	2,041	2,031	4,072
1956	2,125	3,337	5,462
1957	2,445	12,745	15,190
1958	2,258	12,643	14,901
1959	2,860	18,276	21,136
1960	2,808	21,785	24,593
1961	2,914	22,676	25,590
1962	2,593	18,940	21,533
1963	2,604	18,425	21,029

Recuperative Holiday Homes.—During the year the County Council accepted financial responsibility for the maintenance of 1,128 persons in recuperative holiday homes, 901 were admitted to such homes and of the remainder 217 were cancelled or withdrawn and 10 were outstanding on 31st December, 1963. Of the 901 cases admitted, 851 were adults and 50 children under school age. In addition, of the 13 cases outstanding at the end of 1962, seven were admitted to recuperative homes and six cases were cancelled or withdrawn.

380 children were recommended under Section 48 of the Education Act, 1944, 325 of whom were placed in recuperative holiday homes. One case was still pending on 31st December, 1963, and the remainder were either cancelled or withdrawn.

Loan of Nursing Equipment.—The Middlesex Branch of the British Red Cross Society continues to operate the loan of nursing equipment scheme on behalf of the County Council.

Under these arrangements a hire charge is collected from the patients by the British Red Cross Society and retained by the Society to enable it to purchase replacement equipment as required. If the patient is unable to meet the hire charge it is paid by the County Council. During 1963, 20,605 articles were loaned to patients, an increase of 600 over the previous year. The Council also purchases any additional equipment required to meet requests for the loan of articles on the approved list. All transport required, e.g., for the collection and delivery of bulky articles, is provided by the County Council.

During the financial year 1962–63, the County Council paid to the British Red Cross Society £4,483 in respect of patients' hire charges, bought £204 worth of additional equipment and provided transport at a cost of £1,952.

In general, the scheme is intended to facilitate simple, short-term nursing care in the patient's home. Certain items of catheterisation equipment are

provided as a personal issue to paraplegic patients to enable them to care for themselves in their own homes. Other items of equipment are purchased in special cases, e.g., two alternating pressure point pad units, designed to reduce the risk of the occurrence of bed sores in bedfast patients.

Loan of bed linen.—It is of assistance in the nursing of chronically ill, incontinent and necessitous patients in their homes to have a supply of bed linen made available to home nurses. Accordingly, at its meeting in November the County Council approved, as part of its arrangements for the loan of nursing equipment, the loan of bed linen to elderly necessitous, incontinent patients being nursed at home in those areas where the district Council provides a laundry service for such items of linen. The linen is supplied free of charge and the arrangement was made for a trial period of six months.

Incontinence Pads.—A letter was received in July from the Ministry of Health commending the provision by local health authorities of incontinence pads as part of their arrangements for the care of patients under Section 28 of the National Health Service Act, 1946.

Limited provision has been made in the past for incontinence pads under Section 25 as part of home nursing equipment in those districts where there was no laundry service for the linen of incontinent patients provided by the Borough Council. No charge has been made for these pads.

Having regard to the fact that there are some incontinent patients who are not under the care of the home nursing service, the County Council in November approved and proceeded to seek the Ministry of Health's approval to amending its proposals to include the provision of incontinence pads free of charge to incontinent patients on a request from their general practitioner under Section 28 in addition to the previous provision under Section 25.

Chiropody.—Although the problem has eased a little during the year, the growth of the County Council's directly-provided service was again limited by the continuing shortage of chiropodists possessing acceptable qualifications. Nevertheless, the establishment of staff for the County amounting to the equivalent of 20 whole-time chiropodists is gradually being taken up.

Waiting lists continue in many parts of the County and the length of these is naturally dependent upon the acuteness of the staffing problem and the extent to which the approved voluntary organisations augment the County Council's service.

During the year there has been evidence of an improvement in the recruitment of suitably-qualified chiropodists and a modest expansion of the County Council's directly-provided service has thus been possible. This growth is illustrated by the following comparative figures:—

	1962	1963
No. of clinic sessions held	4,821½	5,919
No. of weekly sessions taking place at the end of the year	105	126½
No. of patients treated	6,530	7,644
Total No. of attendances	31,727	38,760
Staff employed (expressed in terms of whole- time equivalent)	10	14½

The figure of 38,760 attendances during the year may be divided thus:—

Category of patient	New cases first attendances.	Old cases first attendances.	Re- attendance.	Total.
Elderly persons	2,395	2,691	21,120	26,206
Physically handicapped	82	62	551	695
Expectant and nursing mothers	205	36	330	571
School-children	1,502	397	8,375	10,274
Pre-school children	12	6	21	39
Others	106	150	719	975
Totals:—	4,302	3,342	31,116	38,760

The arrangements which have operated for some years in the Brentford and Chiswick areas whereby patients are referred to privately practising chiropodists have continued during 1963 and, at the end of the year, 99 patients had made 796 attendances for treatment. The figures for the previous year were 104 and 852 respectively.

Chiropody treatment continues to be provided for school-children under the Education Act.

Towards the close of 1962, arrangements were approved for the engagement of chiropodists, either as employees of the County Council or as private practitioners, to carry out the domiciliary treatment of patients who could not be moved from their homes or who, if moved on stretchers, might cause difficulty on arrival at a clinic. The following are the details of domiciliary visits undertaken during the year within the framework of the County Council's directly-provided service:—

Category of patient.	First visits to new cases.	First visits during 1963 to old cases.	Subsequent visits.	Total.
Elderly persons	328	38	1,211	1,577
Physically-handicapped	21	6	114	141
Totals	349	44	1,325	1,718

The voluntary bodies participating in the County Council's chiropody scheme have continued where necessary to augment the directly-provided service.

Each organisation wishing to participate in the County Council's scheme is allocated a maximum quota of treatments per quarter which is fixed in the light both of the estimated demand and, of course, the adequacy or otherwise of the directly-provided service in the vicinity. Should it subsequently be found that demand was rising to the extent that the organisation was unable to keep within the prescribed limits, then application for an increase of the permitted quota can always be made.

At the end of the year the following organisations took part in the Council's arrangements, and an indication of the valuable part they play can be gauged from the note of the quarterly quota of allocated treatments which appears alongside their names:—

British Red Cross Society, (Middlesex Branch) 4,400 per quarter.

(NOTE:—This allocation covers the whole County, as distinct from the relatively restricted areas covered by the remaining organisations below).

Colnbrook Over Sixty Club	.. .. .	40 per quarter.
Finchley Guild of Social Service	.. ..	766 per annum.
Hayes and Harlington Old People's Welfare Committee	.. .. .	500 per quarter.
Hendon Old People's Welfare Committee	..	750 „ „
Heston and Isleworth Old People's Welfare Committee	.. .. .	600 „ „
Hornsey Old People's Welfare Council	.. ..	420 „ „
Ruislip-Northwood Aged Persons' Welfare Association	.. .. .	353 „ „
Southall Old People's Welfare Association	..	400 „ „
Southgate Social Services Council	.. ..	184 „ „
Tottenham Old People's Welfare Committee	..	128 clinic sessions per quarter.
Uxbridge Old People's Welfare Association	..	450 per quarter.
Willesden Old Folks' Association	.. ..	1,300 „ „

There is good co-operation between the voluntary bodies and the local area health departments, and a very useful service is gradually being developed and extended.

Venereal Diseases.—The county council almoners have attended venereal disease clinics at hospitals within the county for more than 20 years, and it might be worth considering whether the social problems presented have not altered a great deal during these decades.

It is obvious that modern drugs, by shortening the length of treatment, have reduced the number of patients who fail to complete attendance. The pregnant woman sent from the ante-natal clinic with a positive syphilis test needed encouragement and reassurance; fortunately, such patients are now few, and fewer still are the babies and young children with congenital syphilis. Few women could accept the attendance of their children with equanimity, and they required both practical and moral support and often visiting, to persuade them that their children required treatment. The risk of marriage break up, as a result of venereal disease was real; it was difficult to forgive when continuing treatment could not be forgotten. The diagnosis of syphilis shocked the patient; he might feel a social outcast; he had some confused knowledge of the more dramatic results of late syphilis; he feared that there might be no cure. Today's patient has confidence that he can be cured and should have no difficulty in completing treatment; he is less fearful, because he has, in fact, less to fear.

Gonorrhoea has always presented a problem in attendance. It is the symptoms which worry patients, and for women patients with few if any

symptoms, it has always been difficult to accept the necessity of attendance, and still more the need to complete a period of observation. The tracing of gonorrhoea contacts is important, but often difficult. Patients are, on the whole, co-operative in bringing their partners, but there is more social mobility today, and often there is a genuine inability to trace their contacts.

In spite of greater freedom of discussion of sexual matters, it is probable that young people know less about venereal disease than their elders imagine. During the continuance of National Service, the young male had clear, objective information, but today one gets the impression that some seem to think that venereal disease is a bogey, the importance of which is exaggerated in order to frighten them; others, that venereal disease infection happens to others, but not to themselves.

Venereal disease is a social as well as a medical problem, and it is not only the patient who attends, but still more the many that do not, who matter. Propaganda may need a new look; clear information about times and positions of clinics is still important. Patients may seem unconcerned when they attend a venereal disease clinic; most still find verbal enquiry embarrassing.

Problem Families.—Special schemes exist for assisting families who require intensive support from the Council's services, often for a long period of time. One of these is admission to a rehabilitative home. Three such families were placed at Frimhurst, in Surrey, during the year.

For some years there were two specialist health visitors in Area 3 working with problem families. One of these has now left and no suitable successor has been found. The number of families needing support of the kind given by these health visitors is larger than in some other areas.

The arrangement whereby the Family Service Unit undertakes work with problem families in Area 6 has continued in 1963. The Unit has now worked in this Area for five years. The County Council agreed in May to increase the amount of the grant to the organisation from £850 to £1,350, being satisfied that their work in Willesden relieved the health visitors of some heavy and time-consuming visits to insecure families. The overall cost of running the units had increased and for the past two years a second part-time worker had been employed.

In the account of the Unit's work in Willesden during 1963, it is reported that a further three cases have been opened, making a total caseload of 25 families—1,194 contacts were made with the families themselves during the year, and a further 753 on their behalf.

At the latter end of the year, arrangements were in hand to accept the offer of the Family Service Unit to extend its work in the London district of Islington into the adjacent Middlesex district of Tottenham. One whole-time worker will be allotted to this district, towards whose work the County Council will make an agreed grant.

There is also a need for similar work with problem families in Wood Green district, which after the re-organisation of the London Boroughs will be included in what is now Area 3. It is proposed that later in 1964, the Family Service Unit should be asked to employ an additional worker in Wood Green on a similar financial basis.

The work of co-ordination between the Children's, Welfare and Health Departments in postponing the eviction of certain families while steps are taken to help them to organise their affairs better and clear debts has continued in a considerable number of cases this year. The Boroughs in whose houses these families live agree to delay eviction for a specified length of time subject to the County Council guaranteeing the payment of rent. The results of this scheme have been on the whole encouraging from periodic reports given by the Children's Officer who co-ordinates the measures taken. Conferences are held at local level when necessary between representatives of all the departments concerned.

HEALTH EDUCATION

Smoking and Lung Cancer.

Poster and Kindred Publicity.—During late February the Central Council for Health Education asked whether the County Council would purchase anti-smoking literature for distribution to family doctors within the County. The propaganda had been produced by the Central Council and consisted of a poster, a handbill, a bookmark card and four leaflets each depicting a different aspect of the hazards of cigarette smoking. The Middlesex Local Medical Committee favoured the project. Each general practitioner was initially supplied with one poster, one handbill, 20 bookmarks and half-a-dozen copies of each leaflet. An explanatory letter was sent with the literature, together with a reply-paid postcard to be used for ordering further supplies. Distribution was effected through the offices of the Middlesex Executive Council. Several requests for additional copies were received, although the response was not as great as had been hoped.

Copies of a dramatically designed poster were also purchased from the Chest and Heart Association, for use both in the local health areas and by family doctors ordering the material described above.

During the year the Ministry of Health has continued to make available much publicity. Six new posters have appeared, together with a bookmark card whilst some of the existing posters have been re-designed. Full use was made of these gratuitous offers. While there are advantages in several organisations and agencies designing and producing material on the same basic theme, the merits of a more co-ordinated programme for the type of presentation and timing of issue are worthy of further examination.

Films.—The British Broadcasting Corporation's telerecorded film "Spotlight on Smoking" was made available through the Central Film Library for showing in schools, the Ministry of Health bearing the hire charges as an exceptional measure.

A copy of the colour film "Smoking and You" was purchased in the spring. It is intended that the film shall be available for showing in the health areas and that the educational services be enabled to call upon it when necessary.

The Ministry of Health have also produced a filmstrip "Cigarettes and You" during the year, a sample copy being sent to local health and education authorities, together with a commentary. This filmstrip is intended as a follow-up to "Smoking and You," but is quite self-contained and thus suitable for use independently.

Other Means of Publicity.—Reprints of an article appearing in the “Reader’s Digest” of June, 1962, summarising the salient points in the report of the Royal College of Physicians, were purchased during March and copies circulated to each teacher.

It was suggested by the Ministry of Health during April that a promising way of supporting the activities of local health authorities in educating the public about the hazards of smoking, especially cigarette smoking, would be by the display of posters in factories and other workplaces. Area medical officers were therefore asked to enlist the help of employers, if in fact they had not already been approached. The suggestion was simultaneously made that specimen posters be sent to local Chambers of Commerce and Rotary Clubs and their assistance invited in securing a wide display.

The attention of the County Health Department was drawn in July to the adoption by a commercial advertising firm of the new technique whereby tapes are inserted into juke boxes, which play during the few seconds interval between the changeover of records. It was learned that cigarettes would be one of the commodities to be advertised in this fashion. Enquiries were promptly initiated through the Tobacco Manufacturers’ Standing Committee and one of the leading combines, whilst medical officers of health were requested to endeavour to ascertain the location of juke boxes where this form of advertising was either practised or contemplated. It ultimately emerged that this particular advertising media had not proved as popular as advance publicity had forecast, very little evidence of it having been discovered within the County.

Routine Immunisation.—With the aim of keeping the need for routine immunisation before the general public, it was suggested by the Home Counties Co-ordinating Committee for Health Education that a press campaign be held twice a year. It was felt that this would be all the more effective were it to be simultaneous throughout the region, and it was agreed that the County Council should participate.

The Ministry of Health expressed willingness to co-operate and arrangements were made for the booking of space in the local press. Advertisements appeared once in each of the two weeks commencing 23rd and 30th September, 1963, dates which avoided both school holidays and the commencement of the new term.

The cost of the publicity was borne by the Ministry, the only charge to local health authorities being additional space required for the insertion of local details.

While the final immunisation indices of this exercise are not yet to hand, the initial impression would indicate that a critical revaluation of this type of campaign is necessary.

Food Hygiene.—The Ministry of Health has again offered educational publicity to help local authorities in their efforts to make people—especially professional food handlers—alive to the need for good personal hygiene in the handling of food and the cleanliness of cooking utensils.

It was felt that the importance of food hygiene should be widely publicised to include every County Council establishment possessing kitchen facilities, and the Ministry's offer was therefore made known to all heads of departments with control of such establishments.

Home Safety.—Publicity material on this subject has been purchased during the year from both the Central Council for Health Education and the Royal Society for the Prevention of Accidents. This has been widely distributed through local area health offices and deals with the use of paraffin heaters; the danger of mishandling fireworks; the prevention of falls, burns and scalds; the care of the elderly at home and the hazards of storing drugs other than under lock and key.

Dental Health.—Posters on this topic were made available by the Ministry of Health during March, and area medical officers were asked to notify the borough/divisional education officers within their areas of the offer with a view to the material being obtained for all day schools.

The dental health exhibition has been staged during the year at junior schools at Finchley and Tottenham. It is at present designed to appeal to the 8 to 11 year old child and continues to be essentially tutorial in nature, little purpose being served by preparing the usual form of "walk round". Two of the stands depict dental hygiene and the value of detergent foods compared with confectionery. Another stand contains a collection of animal heads and is designed to compare their dentition with that of humans. Staffing of the exhibition has continued to be effectively made by dental officers, health visitors and dental ancillaries.

Film Production.—During the year the technical officer, Health Education, completed the shooting in Health Area No. 7, of the foot film entitled "52 Small Bones" under the direction of Dr. C. E. Hollman, Assistant Medical Officer. The film is intended as a health education measure primarily directed at children between the ages of 10 and 12, and has already proved to be an outstanding success. Before copies are made available to the Central Film Library and for showing to other local authorities and interested voluntary bodies, the film is to be re-edited and the superior optical sound substituted for the existing magnetic striping.

Film Shows.—Approximately 251 film shows were given by the technical officer, Health Education, during the year, 80 of these at evening meetings. Requests for these shows are received from such bodies as local branches of the British Red Cross Society, Townswomen's Guilds and the like. The subjects available cover a wide range, but films on ante-natal and child care topics are in the greatest demand. During the year an increasing number of requests have originated from schools for films to be shown on such matters as personal hygiene and human biology.

Special Clinics and Advice Centres for the Elderly.—I reported last year that consideration was being given to extending clinics for the elderly in the County on the lines of that operating in Area 6. During 1963 it was hoped that it would be possible to set up 16 further clinics, two in Area 2, three in Area 4, one in Area 5, seven in Area 6 and three in Area 7. However, by the end of the year only four of these were actually operating, these being the three in Area 4 and one in Area 5.

The two retired persons advice clinics in Area 2, the health advice centres in Area 3, the geriatric clinic in Area 6 and the clinic for the elderly in Area 10 continued to operate throughout the year on the same lines as previously.

Dr. Maddison, Area Medical Officer, Area 10, submitted a very full report entitled "How to Keep the Old Folk Young" which covers the first five years work of the clinic for the elderly in his area. This report was submitted to the Ministry of Health, the Middlesex Executive Council and the Middlesex Local Medical Committee for their views but these had not been received by the end of the year.

Section 29

HOME HELP SERVICE

Recruitment.—The number of home helps employed on 31st December, 1963, was equivalent to 931 whole-time workers. This was a slight decrease of 33 from the figure of 1962.

It is reported from nearly all areas that it is difficult to recruit home helps particularly for night and weekend services; fortunately, the demand for these is small. The wider the scope for home help assistance in varying needs, the more difficult it becomes to recruit enough workers. Depending on the type of area, the main difficulties in recruitment are competition from more highly paid private domestic work and the attraction of industry.

Free home help to Maternity Patients discharged early from Hospital.—It was realised that where a mother is discharged from hospital soon after her confinement in accordance with a planned scheme, she must have help in her home if she is to get adequate rest and if this is not forthcoming from relatives, it may be necessary to supply a home help. These mothers do not qualify for a home confinement grant and therefore the County Council approved the provision of a home help free of charge up to the tenth day of the confinement in those cases where it is deemed necessary by the area medical officer.

Family Help Service.—Use has been made of this service for which the home help is paid at a special rate in three areas. As the work is of a specialised nature with problem families some home helps have been given a short training course.

Neighbourly Help Service.—Although not all areas find this a substantial addition to the main service, in all but one area a limited use has been made of it which has relieved the normal home help staff a little. The total number of cases attended is between 70 and 80; 20 to 30 above last year's figure. In one or two areas the service is welcomed and the number of persons attended by good neighbours is as many as 22 in the year. It has not been found easy to recruit them, partly because some neighbours prefer to do this kind of service without payment while others if asked to do a full range of duties for the maximum rate of £2 per week find it too arduous and require more remuneration.

Payment of Travelling Expenses.—Since 1953, home helps have been reimbursed public transport fares incurred when travelling outside a radius of two miles from their homes, that is at present in excess of 1s. per day.

In view of the difficulty of recruiting a sufficient number of home helps to meet the demands on the service the County Council approved that as from 1st August, the public transport fares necessarily incurred by home helps who contract to work where required and who will undertake more than one case at a time, be refunded in respect of travelling on duty. All travelling time except one half hour per day counts as working time and is payable at the appropriate rate.

Standard Charges.—In May of this year, the standard charge to recipients of the home help service was increased from 4s. 6d. to 4s. 9d. per hour. This was made necessary because of a rise in the current cost of the service in which supervisory, but not administrative, expenses are included. All persons receiving home help assistance may be assessed according to a graduated scale.

Mental Health

The County Council's community mental health service continued to expand in nearly all its aspects during the year. A weekly boarding unit for severely subnormal children opened at "Moorcroft," Harlington Road, Hillingdon; a new purpose built junior training school opened at Whittlesea Road, Harrow, as a replacement for the existing Harrow school; special care units were either added to or extended at the Isleworth, Hanworth and Neasden Junior Training Schools; and the number of places at the Uxbridge Adult Training Centre was increased from 60 to 120. In addition, the industrial training programme for trainees in adult training centres was considerably extended, especially in the use of power driven machinery. The "sitters-in" service in co-operation with the Middlesex Society for Mentally Handicapped Children was also introduced during 1963; designed to assist parents confined to their homes with severely mentally retarded children, who are on the waiting list for admission to psychiatric hospitals or to the County Council's special care units attached to junior training schools.

At the end of the year a further 26 new projects were under consideration, including the provision of hostels for both the mentally ill and the mentally subnormal. Details of the projects to be established in the coming year can be seen on page 73. Planning consent still presents difficulties and leads to delay and many of the projects under consideration are, or have been, the subject of public enquiries held by the Ministry of Housing and Local Government.

The training of social workers and teachers of the mentally handicapped continues to be of the utmost importance and during 1963 three separate courses of study were operating, one for social workers and allied staffs, a two year training course for teachers of the mentally handicapped in junior training schools and a short course for instructors of adult training centres.

The lack of beds in psychiatric hospitals for the subnormal continues to cause much concern and the number of patients waiting for admission at the end of the year was 216 compared with 217 at the end of 1962.

COMMUNITY CARE—MENTAL ILLNESS

The field work continues to be centred upon five mental health divisional offices. The total number of social workers employed at the end of the year was as follows:—

Divisional mental welfare officers	5
Senior mental welfare officers	10
Mental welfare officers	21
Mental health social workers	3

The category of senior mental welfare officer was added during 1963 and these senior officers were appointed to cope with the more difficult case work and to assist with the training of social workers. In addition, the inclusion of senior mental welfare officers has provided a career structure, which it is hoped will make recruitment easier. Mental health social workers are still employed against the establishment of mental welfare officers. These two grades have, however, been integrated and mental health social workers are no longer appointed to deal specifically with the visiting of the subnormal and the severely subnormal patients.

The establishment of psychiatric social workers remains at 10, although because of difficulties of recruitment only the whole time equivalent of five were in post at the end of the year.

The mental health divisions are based upon the catchment areas of the various psychiatric hospitals receiving patients requiring hospital treatment for mental disorder as follows:—

Claybury Hospital	East Division
Napsbury Hospital	} East Central Division
Friern Hospital	
Hill End Hospital	
Shenley Hospital	
Springfield Hospital	Central Division
St. Bernard's Hospital	West Central Division
St. Bernard's Hospital	West Division

The divisional offices are open from Monday to Friday from 9 a.m. to 5.30 p.m. Outside the hours of 9 a.m. to 5 p.m. and at weekends, a rota arrangement for urgent calls is organised.

The facilities of the County Council's mental health service continue to be made available to persons arriving at London Airport, the airport being situated in the West Division of the County. The North Middlesex, Central Middlesex and West Middlesex Hospitals, continue to provide psychiatric beds to which suitable patients can be admitted for short periods for medical observation and treatment.

The statistics relating to cases dealt with during the year under the Mental Health Act will be found on pages 116 and 117.

The three therapeutic social clubs provided by the County Council in the East, East Central and Central Divisions have continued to make steady progress and the total attendances at these clubs during 1963 was 2,472.

As in previous years suitable patients have also been referred to the social clubs and the day rehabilitation centres run by the Institute of Social Psychiatry. There were 1,500 attendances at these clubs by Middlesex patients during the course of the year, and 1,212 attendances at the Institute's Blackfriars Rehabilitation Centre and Crossway Rehabilitation Centre, Southwark. The County Council contributed towards the cost of these centres in proportion to the number of attendances made by Middlesex patients.

Continued use has been made of homes and hostels administered by the Mental After Care Association for the placement of patients who have ceased to need treatment in a mental hospital and for those patients who, although not having been admitted to a psychiatric hospital, nevertheless needed residential placement due to home environment problems. There is no doubt that had these facilities not been available many of the patients would eventually have been admitted to hospital. At 31st December, 1963, 104 such patients, for whom the County Council had accepted financial responsibility, were in residence, whereas there were 74 patients in residence as at 31st December, 1962.

Post Hospital Residential Unit, Wembley.—This unit for the placement of a "family group" of suitable persons no longer requiring treatment in a psychiatric hospital, has proved successful. This house accommodates six female patients and at the end of 1963 five of the residents were in regular full-time employment, one was working part-time. It has been found that the residents live amicably together as a group and undertake their own household duties including the purchase of food, cooking, cleaning, etc. There is a minimum of supervision from the psychiatric social worker concerned.

The residents have rent books and are assessed to pay a minimum rent of £1 per week. If, however, the residents are unemployed and receive only a National Assistance allowance, the County Council makes them an additional allowance of 30s. a week. This covers their rent and leaves them with 10s. in recognition of their share in keeping the premises clean.

Further post-hospital residential units of this type are included in the County Council's development and capital building programme.

Day Centre for the Mentally Ill, Willesden.—This 30-place day centre for the mentally ill (the first to be provided by the County Council) which was opened in Belton Hall, Bertie Road, Willesden on 1st October, 1962, continues to provide a valuable service.

The centre is staffed by a senior occupational therapist in charge with one assistant occupational therapist. Meals are not provided, but there is a small kitchen which is used by the patients for cooking mid-day snacks.

The following report has been received from Miss Cass, the senior occupational therapist in charge, following the first year's operation of the day centre:—

"On the appointment of the assistant occupational therapist in January, 1963, the centre which serves the Central Division opened full time, i.e., for two 2½-hour sessions per day for five days a week (having previously only opened during the afternoons). This centre is staffed by two occupational therapists, the senior being responsible for the

administration of the centre and the provision of domiciliary occupational therapy the other being responsible for the running of the centre and projects undertaken.

“ The centre is providing a place where patients well enough to live within the community, but not fit enough to face the anxieties and strains of maintaining regular employment, can attend and at their own speed and within a sympathetic atmosphere begin to work out their problems and adjust their relationships with people within the community. The attitude towards the patient is to a certain extent permissive, aiming all the time to stimulate them by creating interest in the work undertaken.

“ Domiciliary visits are made to all new patients at least once before attending the centre and, if necessary, the patient can be given work at home and frequent visits made until the patient is confident enough to attend the centre, the aim always being to get the patient out of the home into the community. Frequently, patients lapse in their attendance and further domiciliary visits are made.

“ Referral of patients at the beginning of the year was mainly by psychiatric social workers and consultants of Shenley Hospital, but gradually the referrals have been coming from a wider field and have extended to sisters and charge nurses of Shenley Hospital, almoners of chest clinics, speech therapists, mental welfare officers, disablement resettlement officers, youth employment officers, psychiatric social workers outside the area, Wembley Hospital psychiatric unit and general practitioners.

No. of patients referred:—January, 1963 to December, 1963—92.
(Male 51—Female 41).

No. of patients receiving treatment on 31st December, 1963—42.
(Male 21—Female 21).

24 with a fair prognosis to return to work (average age 37 years).

6 with the ability to work under sheltered conditions (average age 39 years).

3 physically disabled, referred for a limited period for social rehabilitation (average age 60 years).

5 housewives, referred for a limited period (average age 55 years).

4 receiving domiciliary visits only.

Patients re-admitted included in the figures above—9.

2 from the industrial rehabilitation unit.

1 from Rudolf Steiner hostel.

4 from work.

2 from hospital.

No. of patients discharged—51. (Re-admissions not included).

12 returned to work (4 through the industrial rehabilitation unit).

8 left the district.

11 re-admitted to hospital.

10 visited at home and refused treatment or attended the centre for one or two attendances only.

8 were early referrals and were not suitable, as they needed constant supervision.

2 died.

“ Work undertaken during the year was chosen to meet two requirements. Firstly to be of interest to the individual patient and within his capabilities to achieve a high standard of work, and secondly, productive for the centre. It has been found that the following work has met these requirements during the year—furniture repair, and making small cupboards, etc., picture framing, cane seating and upholstery, preserves, cakes and preparing food for the Gateway Club, dinners cooked for maximum of six people on an average of once a week, hair dressing, curtain and dressmaking, etc., soft and hard toys made for Christmas presents for a day nursery, toys and pomanders sold through League of Friends Shop, Shenley; jewellery, knitted garments made on the knitting machine, typing and duplicating, maintenance of the centre which provides constant work, laundry at the launderette, garden attending and planting, window cleaning, creosoting fences and shed, making cold frame, shelves, cupboards and curtains, clerical work.

“ Outwork when required has been obtained from Shenley Industrial Unit; this has been limited to pot scourers which are now discontinued. Stamp sorting has been obtained from Leon Laufer.

“ Special projects which have been organised by Miss Newton:—

(1) Fitting a physically disabled person's flat with cupboards and shelves (paid for personally).

(2) Decorating the flat of a patient attending the centre (materials, etc., paid for through Shenley Hospital).

“ Non-productive work financially, but giving necessary stimulus.

“ An art class has been held for one session a week under the Education Act. It is run by the Ealing Art School at the centre and the attendance has been good, most patients taking part.

“ Visits have been arranged on the average of once a month giving patients the opportunity to visit places of topical interest.

“ Parties of two or three at a time have visited the following this year:—Family Life Exhibition, St. John's Church; Commonwealth Institute; Gas Cookery Exhibition; Ideal Home Exhibition; Chelsea Flower Show; Promenade Concerts; Film Show, American Embassy; Tate Gallery (joining parties from Shenley Hospital); Goya Exhibition; Stock Exchange.

“ Christmas visits included ‘The Messiah’ at the Festival Hall, ‘The Sound of Music’ and ‘Around the World in Eighty Days’. These were preceded by a buffet tea in the centre.

“ Discussions—these were started towards the end of the year. Mr. Richards, psychiatric social worker, leads these discussions which are popular and of benefit in developing the group and will be developed during the next year.

“ It has become necessary to extend the field of occupational therapy to include the placement of patients at evening and day classes and also at work outside the centre, although still attending there part time.

“ Recent examples of this are:—

A patient attends Kilburn Polytechnic for typing classes.

Another patient has part-time work but needs the support of the centre where the mental welfare officer sees her.

Another patient works in the general office of the County Health Department, attending the centre in the morning.

*“ Discharge of the Patients.—*This is arranged when the doctor considers the patient is fit for part-time or full-time work or when the patient feels he wants to get back to work. The disablement resettlement officer sees all the patients informally at the centre, visiting once a week, he arranges an interview and they are either recommended for a course at the industrial rehabilitation unit, a training scheme or direct to work. In the last year this has been influenced by local unemployment. Patients ready for work have been more difficult to place so that they have had to remain at the centre beyond the period from which they have been able to gain any real benefit, and they have tended to relapse as they are unable to be brought into a realistic situation which they would have to face in industry and commerce.

*“ Communication.—*This has been one of the difficulties of the year. To be of any value, communication must be made with all the people who are concerned with the individual patients to co-ordinate treatment. This involves keeping in close contact with psychiatric social workers, mental welfare officers, a weekly visit to Shenley Hospital and writing to every patient's general practitioner, contacting personnel officers and reporting back on the individual patients. This has involved during the year eight psychiatric social workers, five mental welfare officers, 12 consultants and 25 general practitioners.

“ Conclusion of the year's work shows:—

(1) The patients gaining most benefit from the centre have been those who have responded well to out-patient or hospital treatment and have been referred for occupational therapy directly, without any loss of continuity from either work or their occupational therapy programme if they have been an in-patient.

(2) The need for a sheltered industrial unit within the area which could cater for the chronically mentally disabled to assist their relatives who are now looking after them. On a higher level, to employ the patient who can benefit only for a certain period from occupational therapy as provided at the centre, and who needs the realism of industrial rehabilitation but for a more flexible period than can be given at the Ministry of Labour Industrial Rehabilitation Units but which seems to be provided by the Industrial Therapy Organisation at St. Bernard's.

(3) Within the next year it seems possible that a small amount of assembly work might benefit one or two patients attending the centre and a development within the County whereby small quantities could be drawn would be an advantage.

(4) Slow progress has been made during the year in making contact with local voluntary organisations and the local community; more can be done and it is hoped the League of Friends of Shenley will be useful.

(5) More projects to bring the patients into direct contact with the community will be developed. A scheme to repair the toys and equipment of the Neasden and Rayners Lane training schools will be started.

(6) It cannot be over stressed the difficulty of running an occupational therapy service within the community without the support of a consultant psychiatrist as a co-ordinating officer.

“As a final conclusion I would like to thank all the administrative staff of the Health Department who have made such smooth running of the Day Centre in its first year, and also for their co-operation in providing occupational therapy for a patient.”

The following report has been received from Mr. E. Heimler, A.A.P.S.W., County Psychiatric Social Work Organiser:—

“Developments in the mental health field during the last year have been manifold.

“The community care course running in conjunction with the department of Extra-Mural Studies of London University is now an established part of training and has catered for mental welfare officers, welfare officers and health visitors. It was designed to meet the needs of case workers already active and experienced in their respective professions and to bring about a new platform between them and the students who are completing or have completed the social science or Younghusband Courses. Various modifications had to be effected and the course is now a day-release course for all three year groups.

“The bringing together of various types of social workers is not only significant in terms of the new knowledge gained through the lectures, seminars and case group discussions but also emphasises the inter-relationship between the groups of workers who often have little idea what the functions of others are or how to co-operate more effectively in their day to day duties.

“There are a total of 61 trainees in the three year course. Many eminent lecturers, tutors and case group leaders are engaged including a number of the County Council's psychiatric social workers. Parallel with the social science course and the new Younghusband training course there is an increasing need for such in-service training. The Advisory Committee of Field Workers, a group of social workers representing the social work staff of the mental health service meet regularly during the year to discuss the function and technique of social work in the community. This evaluation of community care social work is of very great importance, particularly at this stage, in the light of the Greater London Government reorganisation.

“The functions of the various groups of psychiatric social workers have been both preventive and after-care. Psychiatric social workers in this authority were increasingly helping people with difficulties in their families and social relationships at a point when they may not be mentally ill or at least not yet requiring psychiatric help. They have been working with mothers in the pre- and post-natal stages; with marital problems

and with emotional difficulties of the post school adolescents; and they have carried on the work with the National Assistance Board and other statutory bodies in connection with severe psychological problems of the unemployed. Psychiatric social workers maintained and improved their relationship between the psychiatric hospitals and clinics and carried on case-work functions with those patients who have been discharged from hospitals. During the past year, these workers have been concerned with the total family group, especially where there were young children, and gave support to the whole family of the mentally ill. Group work was also undertaken by these social workers in therapeutic clubs and on an informal basis. They have also acted as consultants and advisers to other social agencies and have taken students from universities for supervised case-work.

“Mental welfare officers also carried on with preventive and after-care problems and with the statutory functions under the Mental Health Act, 1959. They were able to respond immediately to crises and assist the mentally ill and their families at a point when the distress was greatest. They have followed up patients after their discharge from hospitals and assisted them and their families in rehabilitation.

“Mental welfare officers and psychiatric social workers have addressed various groups such as police officers, school children, ambulance personnel, health visitors, voluntary and Church bodies, National Assistance Board Officers and Associations for Mental Health on mental health problems.

“Throughout the year I have carried on investigating the emotional significance that work has for people and through follow-ups investigated a number of patients who have successfully adjusted into life by finding useful employment. It seems that satisfaction through work is a main and contributing factor of social adjustment and severely disturbed people can still function in society providing the skilled caseworker enables them to find an outlet for their abilities. The emotional significance that work has for people is measurable. It seems that this is a field which will have to be investigated more fully in the future.”

COMMUNITY CARE OF THE SUBNORMAL AND SEVERELY SUBNORMAL

Supervision in the Home.—With support from experienced social workers many subnormal and indeed severely subnormal patients of all ages are able to live satisfactorily in the community. It is essential that they and their parents are able to obtain assistance with their problems and this is readily available through the offices of the visiting social workers.

The total number of subnormal and severely subnormal persons in community care at the end of 1963 was 3,421. Responsibility for helping these patients including home visiting, rests with the community social workers of whom there were 36 mental welfare officers and three mental health social workers.

School leavers and young adults particularly benefit from the community care service provided and this is reflected in the number who are able to obtain and maintain jobs in the community. The attitude of the employer and fellow

employees is very important and experience has shown that with an understanding of the problems of the subnormal, wider fields of activity in which these patients can be employed, are opened up.

Guardianship and Informal Foster Care.—At the end of 1963, there were 41 patients under the guardianship of the County Council and a further eight patients under the guardianship of private individuals. There were also 156 under informal foster care in homes or hostels run by voluntary organisations and private foster homes. In order to avoid formal guardianship procedures, informal placements are made wherever practicable, although too few private foster homes are available for this permanent work. It is satisfying to note, however, that whereas at the end of 1962 there were 81 patients under guardianship and 119 under informal foster care, at the end of 1963 there were 49 under guardianship and 156 under informal foster care. This follows the new outlook, the emphasis being on community care wherever possible and informal placement rather than guardianship.

The Guardianship Society, Hove, continues to be very helpful in assisting with the placement of patients in suitable homes.

Community Clinics.—At 31st December, 1963, nine clinics were functioning in the County at Staines, Brentford, Edmonton, Enfield, Harrow, Willesden, Southgate, Mill Hill and Uxbridge. Patients and their parents may, either by appointment or by calling at a time when a medical officer is known to be in attendance, obtain advice and medical and psychiatric assistance.

Admission to Hospitals.—During 1963, 99 patients were admitted to hospitals for the subnormal, 87 informally and 12 were detained under certificate. The following table shows the number of admissions in each category:—

Informal admissions	..	..	..	..	..	87
Mental Health Act, 1959—Section 26	..	..				6
Mental Health Act, 1959—Section 25	..	..				0
Mental Health Act, 1959—Section 60	..	..				6
						—
Total	..	..	..	..		99
						—

The number of patients awaiting vacancies for psychiatric hospital care at the end of the year was: urgent 115, others 101, total 216. Out of this total, 186 resided in the catchment area of the North West Metropolitan Regional Hospital Board, which covers the greater part of the county and 30 patients resided in the catchment area of the North East Metropolitan Regional Hospital Board.

Temporary Care.—One way in which the parents can be given a measure of relief (especially the urgent cases on the priority waiting list) is to provide short stay care for periods of up to eight weeks. During 1963, arrangements were made for 259 patients to be sent to Regional Hospital Board hospitals in this way, and 20 patients were accommodated in privately run establishments. This compares with 264 and 23 respectively during 1962.

Residential Hostels for the Subnormal.—The County Council continues to place patients in hostels for educationally subnormal school leavers run by the

National Association for Mental Health. At the end of 1963, the Association had two hostels, one for males and the other for females, and there were nine males and three females from Middlesex in residence.

Treatment of Patients suffering from Cerebral Palsy.—In April, 1957, the Council opened the first special care unit on an experimental basis. This proved so successful that the Council as a matter of policy now provides special care units at all junior training schools. This has made it possible to admit to the schools cases, amongst others, with a severe degree of cerebral palsy and there are at present 80 such cases throughout the County attending either the schools or the special care units.

Experience has shown that the stimulus provided by mixing with other children and by the close personal attention that they are given by the staff has led to marked improvement in many cases, but the staff of these special care units have no special knowledge or experience in dealing with cerebral palsy cases.

Concurrently with the Council's efforts to help these children the Hospital Management Committee of Harperbury Hospital (one of the main catchment hospitals for subnormal patients for Middlesex) has a cerebral palsy unit where intensive treatment by Dr. Bobath, a specialist in this field, and a staff of physiotherapists has produced some remarkable results. Cases that had previously been regarded as hopeless have been taught to walk and to overcome to a large degree their physical handicaps and this had led to a surprising improvement in recognisable intellectual capacity.

These children have been treated as out-patients at Harperbury Hospital, but transport arrangements are difficult and expensive. Other children from the western part of the County have been referred to the special unit at Martindale Road School, but there again transport is a difficult problem.

In July, 1962, the County Council approved the appointment of a full-time senior physiotherapist to travel from junior training school to junior training school as necessary, instructing and assisting the staffs at the special care units in the special techniques required and to act as a link with Harperbury Hospital and thus keep abreast with the advancements that are being made in the methods of treatment. The North West Metropolitan Regional Hospital Board has agreed to make available the services of Dr. Bobath to advise on the treatment of cerebral palsy patients up to a maximum of 12 sessions per year.

Moorcroft Weekly Boarding Unit.—This unit is housed in the same building as the Hillingdon Junior Training School and the Adult Training Centre at "Moorcroft," Harlington Road, Hillingdon. The unit opened on 23rd April, 1963, and has accommodation for 19 subnormal children from Monday mornings until Friday afternoons each week, the children returning home at weekends and for all school holidays. Some of the children, whose ages range from $4\frac{1}{2}$ to 12 years have psychotic tendencies. All the children have been on the waiting list for admission to psychiatric hospitals. They attend the junior training school or special care unit which are situated in the same building. The weekly boarding unit is staffed by a matron, a deputy matron together with domestic staff.

In the unit there are five bedrooms, one accommodating seven beds, and four smaller rooms each with three beds, and one sickroom. There is a dining room, living room and recreation room for the children. The unit is also equipped with television and radio. The children are taken to and from the unit by transport provided by the County Council.

A general practitioner, to provide general medical services for the children, is attached to the unit.

Junior Training Schools

Existing Schools.—The position regarding the junior training schools as at the end of 1963 was as follows:—

<i>School</i>							<i>Number on Roll</i>
Enfield	..	..	..	..	..	..	142
Enfield Special Care Unit	..	..	..	..	..	..	26*
Friern Barnet	..	..	..	..	..	..	77
Friern Barnet Special Care Unit	..	..	..	..	..	..	14*
Hanworth	..	..	..	..	..	..	67
Hanworth Special Care Unit	..	..	..	..	..	..	22*
Harrow	..	..	..	..	..	..	61
Harrow Special Care Unit	..	..	..	..	..	..	24*
Hendon	..	..	..	..	..	..	51
Hendon Special Care Unit	..	..	..	..	..	..	23
Hillingdon	..	..	..	..	..	..	84
Hillingdon Special Care Unit	..	..	..	..	..	..	21
Isleworth	..	..	..	..	..	..	74
Isleworth Special Care Unit	..	..	..	..	..	..	15*
Neasden	..	..	..	..	..	..	56
Neasden Special Care Unit	..	..	..	..	..	..	16
Total							773

* Includes children attending on a part-time basis.

Harrow Junior Training School.—This is the third purpose built junior training school to be erected by the County Council for mentally handicapped children and replaces the 72 place school formerly accommodated in the Assembly Hall, Rayners Lane, Harrow.

The new school occupies a site of 0·7 of an acre at Whittlesea Road, Harrow, and provides places for 104 girls and boys, including a 24 place special care unit. The teaching areas are divided into three units; the main building consisting of three classrooms for senior, intermediate and junior children; a nursery group and a special care unit, each with its own entrance, cloakrooms, stores and toilets. The special care unit is divided into two sections so that physically handicapped children may be looked after separately. There is also a well equipped domestic science room. A dining room is provided for the older children, but those in the nursery group and special care unit lunch in their own rooms. The teaching staff consists of a supervisor, seven assistant supervisors, four general duties assistants as well as domestic staff.

The school was designed and the building completed under the direction of the County Architect, Mr. H. J. Whitfield Lewis, F.R.I.B.A., at a cost (including equipment) of £72,200.

The school was opened on 6th November, 1963.

Isleworth Junior Training School—Special Care Unit.—This school which was the County Council’s first purpose built school for mentally handicapped children was officially opened on 31st March, 1960. At that time special care units were not incorporated in the building of junior training schools and I am now pleased to report that a 24 place unit with appropriate staff has been added to this school and opened on 23rd September, 1963. This has, of course, greatly assisted the work of the school, enabling the severely disturbed and physically handicapped children to be segregated from the main school and given the extra care and training necessary for their progress. The unit was constructed under the direction of the County Architect at a cost of £16,000.

Hanworth Junior Training School—Special Care Unit.—During 1963, the number of places at the Hanworth Junior Training School Special Care Unit was increased from 12 to 24. This was possible due to the partitioning of the main hall, which was previously used for one class only. Staff were appointed to cope with the additional children.

Neasden Junior Training School.—During 1963, it became possible by converting part of the Neasden Junior Training School premises to establish a 12 place special care unit. This became essential due to the number of severely physically handicapped and emotionally disturbed children on the register of the school. The number of places was not increased, but an extra member of the staff was appointed to assist with the children in the special care unit.

Plans are in hand to replace the Neasden Junior Training School.

Adult Training Centres

Existing Centres.—The position regarding the adult training centres as at the end of 1963, was as follows:—

Centre						Number of places	Number on roll
Edmonton	..	..	..	..	..	120	147
Acton Lodge	..	..	..	..	..	140	149
Brentford	..	..	..	..	..	60	44
Moorcroft	..	..	..	..	..	85	66
Southall	..	..	..	..	..	60	59
Uxbridge	..	..	..	..	..	120	118
Total						585	583

General Organisation.—The County Council’s scheme for co-operation with industry and the industrialisation of its adult training centres has continued to progress successfully during the year.

The aim of all the adult training centres is to train those attending to function at their highest possible level whether that be to work within the centre or in outside employment. In this way the trainees become more independent and are able to lead as full a life as possible. Experience gained at centres in the County shows that the trainees can operate machinery and turn out a high standard of product which hitherto would have been considered beyond their powers, all of which is most encouraging.

Work is undertaken for local firms on a contract basis and includes the assembly of electrical components and television parts, toy assembly, trimming of moulded rubber articles, construction of seed trays, drilling of metal parts, etc. Minor maintenance and general construction work, including gardening, is carried out at the centres by the trainees, and work schemes such as laundering on a "commercial" basis at the Edmonton Adult Training Centre involving special machinery, and carpentry and joinery at the Acton Lodge Adult Training Centre, involving the use of a planing machine, bandsaw, circular saw etc., are undertaken.

In order to make trainees more self sufficient, clogging in systems and cafeteria style dining rooms are in operation at most centres. In view of the industrial nature of the centres and the object of enabling as many trainees as possible to take their places in outside industry, all centres with the exception of Moorcroft open for 40 hours per week, i.e., eight hours daily, Monday to Friday including a lunch break.

Payments on a scale ranging from 8s. to £2 per week are made to the trainees according to ability, diligence and application to the job, and are, of course, related to earnings.

Private hire coach transport is used to convey the trainees to and from the centres. These coaches operate on express routes and the trainees are expected to travel up to two miles to picking-up points on the routes. Wherever possible trainees are encouraged to use public or other forms of transport.

A feature of the purpose-built adult training centres at Edmonton and Acton Lodge is the provision of a classroom in which the subnormal adolescent may receive further education related to his needs and capacity.

Uxbridge Adult Training Centre.—The Uxbridge Adult Training Centre, Fountains Mill, High Street, Uxbridge, was opened on the 22nd August, 1962, and provided some 60 places. During the initial period of operation simple hand processed tasks were undertaken. On 8th April, 1963, the number of places was increased to 120 and industrial working conditions, etc., were introduced. This centre now serves the areas of Edgware, Kingsbury, parts of Wembley, Harrow, Northolt, Ruislip, Harefield and Uxbridge.

Edmonton Adult Training Centre.—Special mention must be made of the laundry project which is now in its second year of operation at the Edmonton Adult Training Centre. From small beginnings, whereby the establishment served a small number of local clinics, the position now is that laundering is undertaken for over 100 County Council establishments, involving some 8,000 articles per week.

Brentford Adult Training Centre.—This special project—a centre within a private factory involving up to 60 trainees under the supervision of the County Council's staff—continued to operate satisfactorily. There is no doubt that this project has proved that with the co-operation of private industry the severely subnormal and subnormal adult can play an important part in assisting with a variety of unskilled operations. The standard of work is consistently high and the rejection rate low even though the average output of the individual trainee may be well below normal.

Arrangements are in hand for the opening of a second venture of this nature in the east part of the County.

Co-ordination of Outwork Facilities for Adult Training Centres.—With regard to the obtaining of contract work for adult training centres and other training centres for handicapped persons from outside firms, it became obvious that with so many establishments requiring work of an industrial nature that difficulty would be experienced by a firm being approached by more than one hospital, local authority, etc. For this reason the County Council arranged for meetings to take place with officers of the various bodies concerned, with a view to consideration being given to the co-ordination of outwork for the handicapped. Meetings have been held at regular intervals and attended by representatives from hospitals, local authorities and voluntary organisations.

As a result of these meetings more detailed consideration is to be given to ways and means of achieving:—

Better presentation of work potential to industry.

Availability of central technical service to give guidance on labour utilisation methods, costing, etc.

Better storage and transport facilities.

Training schemes for supervisory staff.

Holiday Camp.—As in previous years arrangements were made for children and adults from the County Council's junior training schools and adult training centres to go away to the seaside during the summer months.

A party of 95 children from the junior training schools went to Suntrap Residential Special School for two weeks from 22nd July to 5th August.

84 adult girls from the adult training centres attended St. Mary's Bay Holiday Camp, Kent, from 16th August to 27th August.

74 adult boys attended the St. Mary's Bay Holiday Camp from 27th August to 6th September, 1963.

Training.—The County Council's Training Officer, Miss M. E. Haskins, has submitted the following report:—

“ There are 12 students on the present County Council training course for teachers of the severely subnormal between the ages of 18 and 25 years, the majority being grammar school leavers. All students are required to hold five passes at ordinary level in the General Certificate of Education examination, one of which must be English language. Outline of Course:—

Two-year course of 80 weeks (40 weeks per academic year):—

Theory

40 weeks { 188 lectures.
2 days per week .. { 20 group discussions (2 groups of 6).

Practical

40 weeks { 24 weeks. Observation and teaching practice
Wholetime { in establishment other than parent school.
16 weeks. Practical training in parent training school.

The lecture syllabus includes:—

Stages in child development (normal and severely subnormal).

Psychological aspects of education.

Medical aspects of severe subnormality.

Administrative aspects of the relevant social services, mental health, child health, child care and welfare.

The work of the junior training school.

Day visits of observation are made to the following:—

Schools for the physically handicapped, blind and deaf, cerebral palsy unit, psychiatric hospital, juvenile courts and child guidance centres.

Practical teaching and observation periods are spent in:—

Nursery, infant and junior schools.

Schools for the educationally subnormal.

Hospital schools and industrial units.

Adult training centres and junior training schools.

“ The syllabus outlined above contains the subjects recommended in the report of the Scott Committee. The County Council’s training course is now co-ordinated with the courses run by the National Association for Mental Health and the students will be required to sit for the examination for the Diploma of the National Association for Mental Health in May, 1964. This will give successful students a diploma with national recognition, which is obviously valuable.

“ Consideration is being given to the possibility of future training courses for teachers of the severely subnormal being located at Chiswick Polytechnic, and the Training Council for Staff of Training Centres for the Mentally Subnormal is considering the syllabus with a view to issuing a certificate of recognition to such a course.

“ Evidence continues to be shown that the greatly improved accommodation now being provided in junior training schools (including three purpose-built establishments) plus the increased number of qualified teaching staff has resulted in a much higher standard which evokes a more rewarding response from the children. The improved teaching methods in the Council’s junior training schools were commented upon by the Ministry of Health Inspecting Officers who visited all junior training schools during 1963.

“ A series of lectures and visits of observation for staffs of adult training centres in the County commenced in September, 1963, and

covered a period of six months. The lectures were held on Saturday mornings and were attended voluntarily by 37 members of the staff. The purpose of this course is to give those staff with industrial experience an insight into the methods of training severely subnormal adults and similarly those staff with a knowledge of mental subnormality an insight into industrial processes and workshop practice.

“ There is an establishment for supply supervisors at junior training schools and supply assistant supervisors/instructors for adult training centres. The appointment of these staff has considerably helped to relieve staffing problems at schools and centres.”

COMMUNITY CARE—PROJECTS IN HAND

Because of the emphasis laid upon community care of the mentally disordered in the Mental Health Act, 1959, the County Council in its building programme has made provision for setting up establishments for the care and training of all types of patients. Included in the programme are residential hostels, sheltered workshops and day centres for the mentally ill. Additional adult training centres, replacement buildings for certain existing junior training schools, and hostels for the subnormal and severely subnormal are also included. It is anticipated that the following projects will come into operation during 1964 or early 1965:—

(a) A hostel for 27 mentally ill patients at “ Tanglewood,” Common Road, Stanmore. This hostel which will be in adapted premises will be for employable men and women. This project was the subject of a planning enquiry before consent to proceed was given. It is anticipated that the hostel will be ready for occupation at the beginning of 1964.

(b) A hostel for 30 mentally ill patients at Hayes Park, Hayes. This will be a purpose-built hostel for employable men and women, 15 places for each sex. This hostel was also the subject of a planning enquiry. It is anticipated that the hostel will be ready for occupation at the beginning of 1964.

(c) An 11-place hostel for subnormal males at 191, Willesden Lane, Willesden, N.W.10. This hostel will be in adapted premises and will accommodate employable young adults. It is anticipated that the hostel will be ready for occupation in March, 1964.

(d) Hostel for 30 mentally ill patients at Park House, Finchley. This hostel will be purpose built and will be for employable patients of either sex, i.e., 15 males and 15 females. It is anticipated that building works will be completed in July, 1964.

(e) A hostel for 26 mentally ill patients at 84, Windmill Hill, Enfield. This hostel which will be in adapted premises will be for employable men and women. This project was the subject of a planning enquiry before consent to proceed was given. It is anticipated that the hostel will be ready for occupation towards the end of 1964.

(f) A 90-place day centre for the elderly mentally ill at the former clinic premises, Marlborough Hill, Wealdstone. This day centre will provide daily occupation for the elderly and a midday meal will be

provided. The patients will be transported to and from the centre by transport provided by the County Council. It is anticipated that the centre will be ready for occupation in October, 1964.

(g) It is anticipated that work will commence on four further hostels in 1964, at Bourne Primary School premises at Ruislip; Wood Lane, Isleworth; the former Kilburn Clinic premises, 9, St. Julian's Road, Kilburn; The Orchard, Bedfont. All these premises will accommodate 30 employable men and women.

(h) A 10-place hostel for subnormal males at 55, Christchurch Avenue, Finchley. This hostel will be the subject of a planning enquiry before the premises are adapted. It is hoped that, subject to planning consent, the hostel will be ready for occupation towards the end of 1964.

CIVIL DEFENCE—AMBULANCE AND FIRST AID SECTION

The ambulance and first aid section of the Civil Defence Corps comprises volunteers who are recruited from members of the general public and subsequently trained to a state of proficiency in first aid and general ambulance work. In time of emergency, the section would be integrated with the regular ambulance service to form an expanded civil defence ambulance service with the following prime functions:—

(a) the rendering of first aid and initial sorting of casualties and their conveyance to points where they can be loaded onto ambulance vehicles.

(b) The conveyance of casualties to medical aid posts and thence on to hospital; to assist in the transfer of patients from one hospital to another.

(c) The conveyance of ordinary sick and injured persons to and from hospital.

There is therefore, a very real need to establish in time of peace, a highly trained force of volunteers to form the efficient nucleus necessary to secure a rapid expansion of ambulance resources at short notice should the need arise.

With the introduction in the latter part of 1962, of changed conditions of service for all members of the Civil Defence Corps, the opportunity has since been taken to review membership of the Ambulance and First Aid Section and non active members with little or no training have been removed from the roll; recruitment to the section compensated losses due to normal wastage and at the end of the year the active strength was 1,466 members.

In addition to the regular pattern of training, a number of specialist courses for officers and potential instructors were conducted centrally at the ambulance service training school. A total of 16 volunteers undertook the long course of training preparatory to sitting the instructors qualifying examination and 15 were successful.

The large scale exercise referred to briefly in my report last year took place in April, when some 220 volunteer officers and men of the section proceeded in vehicle convoy to a centre in Gloucestershire where an operational base was established. An ambulance company comprising 72 ambulances and ancillary vehicles was deployed from this base into Oxfordshire where during

the course of six hours operations, some 860 casualties were dealt with in conjunction with the hospital civil defence services provided by Oxford Regional Hospital Board. The exercise attracted considerable interest and was given national coverage in the general television news bulletins during the week-end in question. It is gratifying to record the efficiency and enthusiasm which was displayed by all participants.

Towards the close of the year in collaboration with the North East and North West Metropolitan Regional Hospital Boards, preparations were made to commence extended first aid courses and additional training in life saving techniques.

Modernisation of the vehicle training fleet continued and a further 10 purpose-built ambulances were released to the County Council by the government. This fleet now comprises 13 purpose-built ambulances and 34 ambulances released for civil defence purposes on becoming redundant to the needs of the peacetime ambulance service some years ago, 10 of which have been converted to personnel and equipment vehicles.

On many occasions during the year, the section participated in various functions and exhibitions organised at County and County district council level.

PUBLIC HEALTH ACT, 1936

Nursing Homes

The County Council has continued to control the registration and supervision of nursing homes in all parts of the County, with the exception of the Borough of Ealing.

During 1963, there was one new registration consequent upon the removal of a home to alternative premises, and four registrations were discontinued.

At the end of the year 32 homes were on the register of which 26 were registered as nursing homes, five as mental nursing homes and one was included both as a nursing home and a mental nursing home. These homes provided 755 beds.

In May, the Nursing Homes Act, 1963, which gives the Minister of Health power to make regulations as to the conduct of nursing homes, came into force. The Conduct of Nursing Homes Regulations, 1963, came into operation on 27th August.

These regulations give registration authorities powers in relation to nursing homes similar to those which they have in relation to disabled persons and old persons homes and mental nursing homes though with some differences of detail arising from differences in the type of services provided.

These regulations should enable the registration authority to raise the standards of some nursing homes where it has been difficult in the past, and to maintain all homes at a satisfactorily high level in all aspects of their care of patients.

The 10 establishments in Middlesex which have in the past been exempt from registration under Section 192 of the Public Health Act, because they are run on a non profit making basis, will during the coming year have to apply for registration as nursing homes.

NATIONAL ASSISTANCE ACT, 1948

Medical officers continued to make quarterly inspections of all residential homes within the County provided by the Welfare Department for old, handicapped and homeless persons under Part III of the National Assistance Act.

NURSES AGENCIES ACT, 1957

During 1963, the Claremount and Kingsclere agencies were amalgamated under the name of Claremount. This left seven agencies in the County. These were all visited during the course of the year by a principal medical officer, with the exception of Beech Hill, where the Public Control department informed me that there were as yet no nurses on the registers of the agency. The agencies were found to be complying in all respects with conditions required by employment of qualified nurses.

MEDICAL ASSESSMENTS AND MEDICAL REPORTS

The number of medical assessments made during the year was 9,711 (an increase of 675 over last year's figure) and of these, 988 were given after medical examination. This practice of selective medical examination again shows that just over 10 per cent. of all candidates for appointment to the Council's staff were required to undergo a full medical examination. There is no doubt that this method results in a great saving in the time of professional staff and it would appear to achieve the desired results at a very low cost.

There was an increase in the number of staff who were recommended for retirement on the grounds of permanent ill-health. The number, including firemen, was 61 as compared with 50 in 1962. Special medical reports requested on individual members of the staff, or in defence of legal actions against the County Council, remained about the same level as in previous years.

There was a notable increase in the number of driving licence cases referred by the Local Taxation Officer (41 as compared with 23 in 1962), for a medical opinion on applicants with a history of epilepsy or suspected epilepsy, or liability to sudden attacks of disabling giddiness or fainting or suffering from a condition which might cause the driving of a vehicle by the applicant to be a source of danger to the public.

REFUSE DISPOSAL

This section of the department's work is concerned with the process by which the community on the one hand obtains the sand and gravel which is needed for modern building construction, and on the other disposes of unwanted refuse, both domestic and industrial. It is concerned under Section 222 of the Middlesex County Council Act, 1944, with ensuring that where a refuse tip is being operated for the disposal of refuse collected from outside the district in which the tip is situated, the conditions of consent given to tip are observed. These conditions are laid down both to safeguard public health and to prevent

nuisance. There are over 50 such refuse tips in operation in the County which are kept under surveillance by the County Council's inspecting officer under the Middlesex County Council Acts, 1944 and 1950 and the Public Health Act, 1936. I am pleased to say that he has been able to secure effective co-operation both with the officials of the local authorities affected, and with the various contractors and tip operators concerned, particularly as regards the observance of the conditions of consent and improved methods of tipping.

MAIN DRAINAGE AND SEWAGE DISPOSAL

I am indebted to Mr. S. H. Dainty, B.Sc., M.I.C.E., M.I.S.P., Chief Engineer of the Main Drainage Department for the following report:—

“ East Middlesex Undertaking

“ The 1963 record of the Main Drainage Service must give pride of place to the East Middlesex Undertaking. After many years of frustration brought about by the second world war and its aftermath of controls, the scheme was brought to substantial completion during the year. Diversion of flows from local authority works commenced in May and by the end of the year 85 per cent. of the design population, representing 600,000 people, was contributing to the new treatment plant. Thus widespread relief was brought to the many local authorities who for several years had been operating severely overloaded works in anticipation of an earlier diversion of flows to Deephams.

“ The extended period for construction of the sewers and works, the variations in sewage load as more areas contributed to the flow, the need to operate temporary plant alongside the permanent installation with difficulties of changeover procedures, are all factors which have contributed to a year of difficult operation which nevertheless has yielded improving results as the various teething troubles have been overcome.

“ Along with the Deephams Works, the sludge disposal plant at Romney Marsh has also been completed. The plant is worthy of special mention as here mechanisation has been applied to the fullest possible extent, not only to lifting of dried sludge from 25 acres of drying area but to the equally important problems of transporting and stacking.

“ On the completion of certain items of sewerage work and the construction of the administration building at Deephams the East Middlesex undertaking will have involved a total capital expenditure of approximately £9½ million to provide the service for a population of 700,000.

West Middlesex Undertaking

“ The 1962 report made reference to the commissioning of the West Side extension at Mogden Works and the increased capacity of the plant to deal with the pollution load received from a population of 1,500,000. The extension of the main treatment works after many years of operation in an overloaded condition due to increasing pollution and use of synthetic detergents has accentuated the need for equally adequate facilities for sludge treatment and disposal.

“ Additional capacity at the sludge digestion plant had already been provided to meet this condition but the extension of the Perry Oaks Sludge Disposal Works presented a more difficult problem, wherein the conversion of large areas of land to more efficient use was the prime necessity. The decision to mechanise the process of lifting and stacking of dried sludge was made several years ago but wholesale conversion of the area can only proceed step by step and several years must elapse before the fully mechanised beds will be able to deal with the sludge load pumped from Mogden. Meanwhile the existing facilities at Perry Oaks will be strained to the limit if all demands are to be met.

“ The much needed extension of laboratory facilities has now been commenced and the ability of the department to implement Part V of the Public Health Act, 1961, dealing with the discharge of trade effluents into public sewers will be greatly improved in the near future.

“ As is usual the medical services were well represented in the 925 visitors who inspected Mogden Works during 1963.”

INSPECTION AND SUPERVISION OF FOOD

MILK PRODUCTION AND DISTRIBUTION

In accordance with the Milk (Special Designation) (Specified Areas) Order, 1951, only sterilised, pasteurised or tuberculin tested milk may be retailed in the county.

At the end of 1963, 65 dairy farmers and farms were registered with the Ministry of Agriculture, Fisheries and Food under the Milk and Dairies (General) Regulations, 1959. Six “ Tuberculin Tested ” licences were issued and eight renewed during the year and the total number of such licences in operation at 31st December, 1963, was 65.

As from 1st January, 1961, in accordance with the Milk (Special Designation) Regulations, 1960, the County Council became responsible for issue of licences in respect of all premises from which pasteurised and sterilised milk are sold. During the year 1963, 215 licences were issued under the Regulations and 1,330 premises were inspected by officers of the public control department to see that the conditions under which the milk was stored were satisfactory.

1,447 samples of milk, details of which are shown in the table below, have been procured. Statutory notices have been sent to the licencees in respect of the samples of pasteurised milk which failed the prescribed test. 199 washed bottle samples were taken as a check on the efficiency of the bottle washing apparatus in use on the premises of dealer pasteurisers and dealer sterilisers licensed by the County Council.

SPECIAL DESIGNATED MILK SAMPLES

Description.	Passed.	Failed.	Test void.	Number examined.
<i>Pasteurised Milk</i>				
Phosphatase test	757	1	—	758
Methylene Blue test	723	8	27	
<i>T.T. Pasteurised Milk</i>				
Phosphatase test	432	—	—	432
Methylene Blue test	412	7	13	
<i>T.T. Raw Milk</i>				
Methylene Blue test	1	—	—	1
<i>Sterilised Milk</i>				
Turbidity test	256	—	—	256
				1,447

In addition samples of milk are regularly procured for examination for the presence of tubercle bacilli. In this connection statistics for the past ten years are as follows:—

Year.	Number of samples for which a definite result was obtained.	Number containing live tubercle bacilli.	Percentage of tubercle infested milk.
1954	384	7	1·8
1955	384	4	1·0
1956	364	3	0·8
1957	373	4	1·1
1958	346	1	0·3
1959	336	—	—
1960	340	1	0·3
1961	356	—	—
1962	336	—	—
1963	288	—	—

The County of Middlesex was declared an Attested Area under the Tuberculosis (Area Eradication) Order, 1950, on 1st October, 1959.

Examination of dairy herds is carried out by veterinary officers of the Ministry of Agriculture, Fisheries and Food whose Report for 1963, is as follows:—

No. of herds in County at 31st December, 1963	167
No. of herds in which reactors to the tuberculin test disclosed ..	—
No. of reactors disclosed	—

SALE OF FOOD AND DRUGS

The Acts and Regulations governing the conditions of sale and quality of food and drugs are administered by the public control department of the County Council. I set out below a report I have received from the Chief Officer, Mr. J. A. O’Keefe, O.B.E., B.Sc.(Econ.) Barrister-at-Law on the work of his department during 1963.

Food and Drugs Act, 1955

“ A detailed list of the 1,153 samples procured for analysis by the Public Analyst appears below.

Articles.	Total procured.	Unsatisfactory.
Milk (new)	53	21
Milk (various)	23	11
Milk (evaporated or condensed) ..	3	—
Bread and Flour	8	6
Butter and Margarine	21	1
Cakes and Biscuits	43	2
Cereals	9	1
Cheese	23	4
Coffee (instant)	38	—
Drugs	63	3
Fish products	18	—
Fruit (all kinds)	45	1
Fruit Juice, Syrups and Soft Drinks..	120	4
Ground Almonds	6	—
Ice Cream	16	—
Jelly	21	—
Lard and Cooking fat	20	—
Liquid Paraffin	4	—
Meat and meat products	110	33
Mustard and Pepper	19	—
Oil (cooking, etc.)	10	1
Preserves (including Mincemeat) ..	54	1
Rice Pudding	5	—
Sardines	18	—
Sauce and Pickles	29	1
Sausages	33	4
Shandy	37	11
Spirits	22	8
Soup and Soup mixes	10	3
Sweets and Chocolates	78	5
Vegetables	42	2
Yoghurt	11	1
Miscellaneous	141	9
Totals	1,153	133

The somewhat higher proportion of unsatisfactory samples during the year was due to a greater number of unsatisfactory samples of milk and of meat and meat products. The unsatisfactory samples of the latter were in part due to a resurgence of the practice of adding sulphur dioxide to minced beef and in part due to a number of cans of corned beef, which had been supplied to various school kitchens, being found to be unfit for human consumption. The circumstances arising from each of the unsatisfactory samples were considered. Court action resulted in fines totalling £580 being imposed. £188 2s. in costs was awarded in these cases.

“ During routine inspections carried out by the inspectors in the Department under the Weights and Measures and Merchandise Marks

Acts labelled displays and stacks of natural foods are examined to check whether or not the labels and displays applied are accurate. The table below shows foods so inspected in 2,501 shops.

Examination of Natural Food						
Article						No. inspected
Fish	..	..	..	..	..	963
Meat	..	..	..	..	..	1,513
Apples	..	..	..	..	..	2,622
Citrus Fruits	..	..	..	..	..	1,193
Vegetables	..	..	..	..	..	195
Plums	..	..	..	..	..	207
Potatoes	..	..	..	..	..	311
Offal	..	..	..	..	..	1,229
Others	..	..	..	..	..	236
Total						8,469

Formal samples are procured for more detailed examination when confirmation of the inaccuracy of a description observed during the course of inspection is necessary. The types and numbers of such samples procured during the year are tabulated below. Caution or court action has been taken as appropriate.

FORMAL SAMPLES EXAMINED 1963

Articles				Total procured.	Unsatisfactory
Fish (fresh)	..	..	..	176	7
„ (smoked)	..	..	..
Fruit (fresh)	..	..	..	378	23
„ (canned)	..	..	..	91	2
Liver	..	..	..	178	—
Meat	..	..	..	213	2
Vegetables	..	..	..	152	117
Miscellaneous	..	..	..	23	5
Totals	..	..	..	1,211	156

The remarkably high proportion of unsatisfactory samples of vegetables disclosed in the table is in the main due to the checking of potatoes supplied to school kitchens. These potatoes were of very poor quality and exhibited such faults as greening, soft rot and mechanical damage.

“ The system of selection of foods and drugs to be sampled continues. During the year 5,938 foods were subjected to preliminary examination in the Department. Of these 146 which appeared to require further investigation were sampled formally and submitted to the Public Analyst.

The Labelling of Food Order, 1953

“ In connection with the enforcement of the above quoted Order visits were made to 3,822 premises during the course of which 29,445 articles of food were examined to check that the information required to be given by the Order was designated on the label in the manner prescribed. In no case has court action been taken as a result of these examinations but there have been a number of instances where written representations have been made to manufacturers and importers. These representations have resulted in corrections of labels which offended. A considerable amount of time continues to be spent in scrutinizing labels and advertisements issued by manufacturers and in the giving of advice to those importers and manufacturers who have sought my views before embarking on sales campaigns.

Merchandise Marks Acts 1887-1953

“ There are two main categories into which enforcement of these Acts falls. The 1887 Act as amended by the 1953 Act prohibits a variety of false trade descriptions including wrongful descriptions as to the place of production. The 1926 Act and the Orders in Council made under it control the marking of origin of various imported foods. During the year now under review 4,732 premises were visited in connection with inspections under these Acts and 18,691 displays of foodstuffs were examined. The Orders requiring a statement of origin have continued in the main to be well observed. In addition to cautions sent in respect of minor infringements proceedings have been undertaken in a number of cases. Fines totalling £460 were imposed and £120 15s. in costs was ordered to be paid.”

APPENDIX

STAFF

County Medical Officer of Health and Principal School Medical Officer:

G. S. Wigley, M.R.C.S., L.R.C.P., D.P.H.

Deputy County Medical Officer of Health and Deputy Principal School Medical Officer:

A. M. Nelson, M.B., Ch.B., D.P.H.

Principal Medical Officers:

Mental Health Service	..	P. A. Bennett, M.B., Ch.B.
Staff; Care and After Care Service		J. F. Macgregor, L.R.C.P., L.R.C.S., D.P.H.
School Health Service	..	Mrs. E. J. Madeley, M.B., Ch.B., D.P.H., D.M.R. & E.
Maternity and Child Welfare Service		Mrs. A. P. Whitfield, M.B., B.S., M.R.C.S., L.R.C.P.

These are the primary duties of the Principal Medical Officers but they carry out other duties including deputising for one another.

Chest Physicians:

(Joint appointments by County Council and Regional Hospital Boards.)

P. E. Baldry, M.B., B.S., M.R.C.P.	R. Grenville-Mathers, M.A., M.D., M.R.C.P., F.R.F.P.S.
Miss B. A. Butterworth, M.B., M.R.C.P., M.R.C.S.	J. T. Nicol-Roe, M.D., Ch.B., D.P.H.
J. Vernon Davies, M.D., M.B., B.S., M.R.C.P.	C. H. C. Toussaint, M.R.C.S., L.R.C.P., D.P.H.
R. Heller, M.D.	H. J. Trenchard, M.B., Ch.B., M.R.C.P., D.M.R.(D.).
H. Climie, M.D., Ch.B., D.P.H.	
T. A. C. McQuiston, M.D., M.B., D.P.H.	

*Chief Dental Officer and Principal
School Dental Officer:*

K. C. B. Webster, L.D.S.R.C.S.

*Senior Medical Officers—
Mental Health:*

Miss R. D. Fidler, M.R.C.S., L.R.C.P.,
D.P.H.
R. C. Greenberg, M.B., B.S., D.P.H.

Senior Medical Officer—London Airport:

P. R. Cooper, M.A., B.M., B.Ch., M.R.C.S., L.R.C.P., D.T.M., D.P.H.

*

Area Superintendent Health Visitors	10
Deputy Area Superintendent Health Visitors	10
Health Visitors and School Nurses	360
Tuberculosis Visitors	39
Airport Nurses	8
Airport Clerk/Receptionists	13
Physiotherapists	18
Speech Therapists	29
Chiropodists	20
Orthoptists	6
Audiometricians	14
Special Services Almoners	3
Chest Clinic Welfare Officers	10
Chest Clinic Assistant Welfare Officers	6
County Psychiatric Social Work Organiser	1
Psychiatric Social Workers	10
Divisional Mental Welfare Officers	5
Senior Mental Welfare Officers	10
Mental Welfare Officers	28
Home Help Organisers	10
Assistant Home Help Organisers	26
Home Helps	1,250
Mother and Baby Homes Matrons	4
Mother and Baby Homes Deputy Matrons	4
Tuberculosis Rehabilitation Workshop Supervisor/Instructor	1
Hostel for Homeless Men Warden	1
Hostel for Homeless Men Assistant Warden	1
Junior Training Schools Training Officer	1
Junior Training Schools Supervisors	8
Junior Training Schools Supply Supervisors	4
Junior Training Schools Assistant Supervisors	55
Junior Training Schools Trainees	9
Junior Training Schools Senior Physiotherapist	1
Adult Training Centres Managers	3
Adult Training Centres Supervisor/Instructors	2
Adult Training Centres Senior Instructors	3
Adult Training Centres Instructors	29
Adult Training Centres Supply Instructors	2
Adult Training Centres Laundry Supervisor	1
Adult Training Centres Supervisor	1
Adult Training Centres Assistant Supervisors	6
Rehabilitation Day Centre Senior Occupational Therapist	1
Rehabilitation Day Centre Occupational Therapist	1
Weekly Boarding Unit Matron	1
Weekly Boarding Unit Assistant Matron	1
Hostels for Mentally Ill—Resident Warden	2
Hostels for Mentally Ill—Resident Assistant Warden	2
Hostels for Mentally Ill—Resident Housekeeper	2

*

Health Education Officer . . . . .	..	..	..	..	..	..	1
Technical Assistant (Health Education)	..	..	..	..	..	..	1
Dental Workshops Chief Technicians	..	..	..	..	..	..	2
Dental Workshops Senior Technicians	..	..	..	..	..	..	11
Dental Workshops Dental Technician	..	..	..	..	..	..	1
Dental Workshops Dental Apprentices	..	..	..	..	..	..	5
Administrative and Clerical Staff	..	..	..	..	..	..	519

* To nearest whole number.

STATISTICS

In some of the following statistical tables, separate figures are given for each of the ten administrative health areas. For the convenience of readers a list is given below of the County districts comprising each area.

- Area 1. Edmonton; Enfield.
- Area 2. Friern Barnet; Potters Bar; Southgate; Wood Green.
- Area 3. Hornsey; Tottenham.
- Area 4. Finchley; Hendon.
- Area 5. Harrow.
- Area 6. Wembley; Willesden.
- Area 7. Acton; Ealing.
- Area 8. Hayes & Harlington; Ruislip-Northwood; Uxbridge; Yiewsley & West Drayton.
- Area 9. Brentford & Chiswick; Heston & Isleworth; Southall.
- Area 10. Feltham; Staines; Sunbury; Twickenham.

Statistical Tables

TABLE I
ACREAGE AND POPULATION

Boroughs and Urban Districts. (1)	Acreage. (1961 census) (b) (2)	Census population.			Registrar General's estimated home population, June, 1963 (6)	Number of separately rated dwellings, 1st April, 1963 (7)	Average number of persons per dwelling. (8)
		1931. (a) (3)	1951. (4)	1961. (5)			
Acton (Borough)	2,319	70,008	67,471	65,586	65,020	18,536	3·5
Brentford and Chiswick (Borough) ..	2,332	63,217	59,367	54,833	55,180	16,457	3·4
Ealing (Borough)	8,781	116,771	187,323	183,077	183,120	54,909	3·3
Edmonton (Borough) ..	3,895	77,658	104,270	91,956	90,770	28,013	3·2
Enfield (Borough)	12,399	67,752	110,465	109,542	109,570	34,024	3·2
Feltham	4,925	16,066	44,861	51,047	52,040	15,516	3·4
Finchley (Borough) ..	3,478	59,113	69,991	69,370	69,330	21,464	3·2
Friern Barnet ..	1,342	22,715	29,163	28,813	28,330	8,260	3·4
Harrow (Borough)	12,555	96,656	219,494	209,080	209,520	65,637	3·2
Hayes and Harlington ..	5,159	22,969	65,596	67,915	68,630	20,617	3·3
Hendon (Borough)	10,369	115,640	155,857	151,843	150,200	45,793	3·3
Heston and Isle- worth (Borough)	7,218	76,254	106,847	103,013	101,860	30,838	3·3
Hornsey (Borough)	2,871	95,416	98,159	97,962	98,190	25,604	3·8
Potters Bar ..	6,129	5,720	17,172	23,376	23,870	7,637	3·1
Ruislip- Northwood ..	6,583	16,035	68,288	72,791	74,780	22,749	3·3
Southall (Borough) ..	2,608	38,839	55,896	52,983	53,960	14,758	3·7
Southgate (Borough) ..	3,765	56,063	73,377	72,359	71,210	23,249	3·1
Staines	8,271	21,336	39,995	49,838	52,430	15,569	3·4
Sunbury	5,609	13,449	23,394	33,437	35,630	10,835	3·3
Tottenham (Borough) ..	3,013	157,667	126,929	113,249	112,700	30,333	3·7
Twickenham (Borough) ..	7,014	79,299	105,663	100,971	102,110	31,680	3·2
Uxbridge (Borough) ..	10,240	31,887	55,960	63,941	64,930	18,453	3·5
Wembley (Borough) ..	6,294	65,799	131,384	124,892	124,610	39,639	3·1
Willesden (Borough) ..	4,633	185,025	179,697	171,001	172,130	45,405	3·8
Wood Green (Borough) ..	1,606	54,308	52,228	47,945	47,060	14,453	3·3
Yiewsley and West Drayton ..	5,276	13,066	20,468	23,723	24,190	7,002	3·5
THE COUNTY ..	148,687	1,638,728	2,269,315	2,234,543	2,241,370	667,430	3·4

(a) All census populations for 1931 have been adjusted to relate to the districts as now constituted.

(b) Difference of 3 acres between County acreage and total of District acreages is due to rounding off of the figures to the nearest unit.

TABLE 2

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE
COUNTY OF MIDDLESEX, 1963

Causes of Death. (1)	All Ages. (2)	0— (3)	1— (4)	5— (5)	15— (6)	25— (7)	45— (8)	65— (9)	75— (10)
1. Tuberculosis—respiratory ..	104	—	—	—	1	16	47	24	16
2. Tuberculosis—other	11	—	1	—	—	4	1	—	5
3. Syphilitic disease	30	—	—	—	—	—	6	8	16
4. Diphtheria	—	—	—	—	—	—	—	—	—
5. Whooping cough	1	1	—	—	—	—	—	—	—
6. Meningococcal infections ..	4	1	1	—	—	—	2	—	—
7. Acute poliomyelitis	—	—	—	—	—	—	—	—	—
8. Measles	1	—	1	—	—	—	—	—	—
9. Other infective and parasitic diseases	50	4	2	2	2	8	17	5	10
10. Malignant neoplasm— stomach	575	—	—	—	—	17	191	179	188
11. Malignant neoplasm—lung, bronchus	1,411	—	—	—	1	27	677	472	234
12. Malignant neoplasm—breast	495	—	—	—	—	44	255	108	88
13. Malignant neoplasm—uterus	164	—	—	—	—	20	62	37	45
14. Other malignant and lymphatic neoplasms ..	2,343	1	11	7	22	111	795	620	776
15. Leukaemia aleukaemia ..	150	1	5	16	7	12	52	26	31
16. Diabetes	168	—	1	1	1	3	35	54	73
17. Vascular lesions of nervous system	2,905	1	1	1	9	29	436	688	1,740
18. Coronary disease, angina ..	5,128	—	—	—	2	97	1,571	1,488	1,970
19. Hypertension with heart disease	420	—	—	—	—	1	53	122	244
20. Other heart disease	2,736	—	—	1	7	57	268	426	1,977
21. Other circulatory disease ..	1,387	—	—	—	2	25	227	344	789
22. Influenza	95	—	—	—	—	2	11	23	59
23. Pneumonia	1,947	139	20	2	3	21	177	333	1,252
24. Bronchitis	1,573	13	5	2	1	11	359	491	691
25. Other diseases of the respira- tory system	250	—	3	—	—	12	70	65	100
26. Ulcer of stomach and duo- denum	209	1	—	—	—	6	34	67	101
27. Gastritis, enteritis and diarrhoea	143	11	6	1	1	11	21	26	66
28. Nephritis and nephrosis ..	111	1	—	—	2	10	38	27	33
29. Hyperplasia of prostate ..	89	—	—	—	—	—	5	15	69
30. Pregnancy, childbirth, abortion	12	—	—	—	4	8	—	—	—
31. Congenital malformations ..	244	169	11	8	8	11	29	5	3
32. Other defined and ill defined diseases	1,734	388	18	17	22	106	329	294	560
33. Motor vehicle accidents ..	237	—	2	10	45	37	55	40	48
34. All other accidents	436	9	14	10	22	40	87	62	192
35. Suicide	300	—	—	—	29	77	138	36	20
36. Homicide and operations of war	12	—	3	2	3	2	1	1	—
All causes	25,475	740	105	80	194	825	6,049	6,086	11,396
Proportionate age group mortality	100	2.9	0.4	0.3	0.8	3.2	23.8	23.9	44.7

TABLE 3
VITAL STATISTICS, 1963—HEALTH AREAS

Health Areas.	Home population. Mid 1963 Estimate.	Births registered.									Crude live birth rate per 1,000 home population.	Still birth rate per 1,000 total (live and still) births.	Deaths registered (all causes).	Crude death rate per 1,000 home population.	Number of deaths of infants under 1 year of age.	Infantile mortality rate per 1,000 live births.	Health Areas.
		Live.			Still.			Total.									
		Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.							
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
Area 1	200,340	2,784	163	2,947	39	3	42	2,823	166	2,989	14.7	14.1	2,216	11.1	65	22.1	Area 1
Area 2	170,470	2,481	209	2,690	34	5	39	2,515	214	2,729	15.8	14.3	2,286	13.4	37	13.8	Area 2
Area 3	210,890	4,044	577	4,621	59	10	69	4,103	587	4,690	21.9	14.7	2,663	12.6	110	23.8	Area 3
Area 4	219,530	3,039	223	3,262	40	3	43	3,079	226	3,305	14.9	13.0	2,538	11.6	57	17.5	Area 4
Area 5	209,520	3,023	167	3,190	51	2	53	3,074	169	3,243	15.2	16.3	2,171	10.4	52	16.3	Area 5
Area 6	296,740	5,431	914	6,345	108	13	121	5,539	927	6,466	21.4	18.7	3,102	10.5	120	18.9	Area 6
Area 7	248,140	3,879	397	4,276	55	11	66	3,934	408	4,342	17.2	15.2	3,081	12.4	82	19.2	Area 7
Area 8	232,530	3,718	224	3,942	50	4	54	3,768	228	3,996	17.0	13.5	2,184	9.4	64	16.2	Area 8
Area 9	211,000	3,429	322	3,751	43	11	54	3,472	333	3,805	17.8	14.2	2,605	12.3	58	15.5	Area 9
Area 10	242,210	4,236	207	4,443	54	4	58	4,290	211	4,501	18.3	12.9	2,629	10.9	95	21.4	Area 10
THE COUNTY ..	2,241,370	36,064	3,403	39,467	533	66	599	36,597	3,469	40,066	17.6	15.0	25,475	11.4	740	18.7	The COUNTY

TABLE 4
VITAL STATISTICS, 1963—SANITARY DISTRICTS

Sanitary district.	Home population (Mid 1963 estimate)	Births registered.									Crude live birth rate per 1,000 home population	Birth comparability factor*	Adjusted live birth rate per 1,000 home population	Still birth rate per 1,000 total (live and still) births	Deaths registered (all causes)	Crude death rate per 1,000 home population	Death com- parability factor*	Adjusted death rate per 1,000 home population	Number of deaths of infants under 1 year of age	Infantile mortality rate per 1,000 live births	Sanitary district.
		Live			Still			Total													
		Legitimate	Illegitimate	Total	Legitimate	Illegitimate	Total	Legitimate	Illegitimate	Total											
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
Acton	65,020	1,120	152	1,272	17	3	20	1,137	155	1,292	19.6	0.94	18.4	15.5	781	12.0	1.03	12.4	26	20.4	Acton.
Brentford and Chiswick ..	55,180	932	112	1,044	10	4	14	942	116	1,058	18.9	0.92	17.4	13.2	679	12.3	1.00	12.3	14	13.4	Brentford and Chiswick.
Ealing	183,120	2,759	245	3,004	38	8	46	2,797	253	3,050	16.4	0.97	15.9	15.1	2,300	12.6	0.99	12.5	56	18.6	Ealing.
Edmonton	90,770	1,259	74	1,333	11	—	11	1,270	74	1,344	14.7	1.03	15.1	8.2	1,040	11.5	1.04	12.0	32	24.0	Edmonton.
Enfield	109,570	1,525	89	1,614	28	3	31	1,553	92	1,645	14.7	1.02	15.0	18.8	1,176	10.7	1.07	11.4	33	20.4	Enfield.
Feltham	52,040	1,001	44	1,045	11	1	12	1,012	45	1,057	20.1	0.91	18.3	11.4	439	8.4	1.48	12.4	21	20.1	Feltham.
Finchley	69,330	1,035	71	1,106	16	2	18	1,051	73	1,124	16.0	0.96	15.4	16.0	854	12.3	0.90	11.1	18	16.3	Finchley.
Friern Barnet	28,330	349	27	376	9	1	10	358	28	386	13.3	1.09	14.5	25.9	527	18.6	0.65	12.1	8	21.3	Friern Barnet.
Harrow	209,520	3,023	167	3,190	51	2	53	3,074	169	3,243	15.2	1.02	15.5	16.3	2,171	10.4	1.08	11.2	52	16.3	Harrow.
Hayes and Harlington ..	68,630	1,226	70	1,296	15	2	17	1,241	72	1,313	18.9	0.93	17.6	12.9	585	8.5	1.48	12.6	24	18.5	Hayes and Harlington.
Hendon	150,200	2,004	152	2,156	24	1	25	2,028	153	2,181	14.4	0.97	14.0	11.5	1,684	11.2	1.01	11.3	39	18.1	Hendon.
Heston and Isleworth ..	101,860	1,383	104	1,487	18	3	21	1,401	107	1,508	14.6	1.02	14.9	13.9	1,150	11.3	1.01	11.4	17	11.4	Heston and Isleworth.
Hornsey	98,190	2,051	322	2,373	32	4	36	2,083	326	2,409	24.2	0.83	20.1	14.9	1,224	12.5	0.97	12.1	54	22.8	Hornsey.
Potters Bar	23,870	390	16	406	4	1	5	394	17	411	17.0	1.00	17.0	12.2	211	8.8	1.20	10.6	5	12.3	Potters Bar.
Ruislip-Northwood	74,780	1,005	61	1,066	13	2	15	1,018	63	1,081	14.3	1.02	14.6	13.9	706	9.4	1.17	11.0	15	14.1	Ruislip-Northwood.
Southall	53,960	1,114	106	1,220	15	4	19	1,129	110	1,239	22.6	1.03	23.3	15.3	776	14.4	0.84	12.1	27	22.1	Southall.
Southgate	71,210	945	67	1,012	11	—	11	956	67	1,023	14.2	1.10	15.6	10.8	965	13.6	0.81	11.0	9	8.9	Southgate.
Staines	52,430	978	43	1,021	17	—	17	995	43	1,038	19.5	0.89	17.4	16.4	510	9.7	1.28	12.4	20	19.6	Staines.
Sunbury	35,630	745	28	773	11	—	11	756	28	784	21.7	0.84	18.2	14.0	356	10.0	1.23	12.3	17	22.0	Sunbury.
Tottenham	112,700	1,993	255	2,248	27	6	33	2,020	261	2,281	19.9	0.98	19.5	14.5	1,439	12.8	1.02	13.1	56	24.9	Tottenham.
Twickenham	102,110	1,512	92	1,604	15	3	18	1,527	95	1,622	15.7	1.02	16.0	11.1	1,324	13.0	0.91	11.8	37	23.1	Twickenham.
Uxbridge	64,930	1,050	69	1,119	14	—	14	1,064	69	1,133	17.2	0.94	16.2	12.4	681	10.5	1.21	12.7	12	10.7	Uxbridge.
Wembley	124,610	1,694	111	1,805	26	—	26	1,720	111	1,831	14.5	1.05	15.2	14.2	1,287	10.3	1.10	11.3	24	13.3	Wembley.
Willesden	172,130	3,737	803	4,540	82	13	95	3,819	816	4,635	26.4	0.83	21.9	20.5	1,815	10.5	1.17	12.3	96	21.1	Willesden.
Wood Green	47,060	797	99	896	10	3	13	807	102	909	19.0	1.03	19.6	14.3	583	12.4	0.97	12.0	15	16.7	Wood Green.
Yiewsley and West Drayton ..	24,190	437	24	461	8	—	8	445	24	469	19.1	0.95	18.1	17.1	212	8.8	1.43	12.6	13	28.2	Yiewsley and West Drayton.
THE COUNTY	2,241,370	36,064	3,403	39,467	533	66	599	36,597	3,469	40,066	17.6	0.97	17.1	15.0	25,475	11.4	1.05	12.0	740	18.7	THE COUNTY.

* Birth and death rates are calculated on the total population of the area. Clearly a population with a high proportion of women of child bearing age can be expected to have a higher birth rate than one with a lower proportion of such women even though the fertility rates of women (of the same age) were the same in both populations. Similarly a population with a high proportion of old people can be expected to have a higher death rate than one with a lower proportion of such persons. The presence of residential institutions is also taken into account. The comparability factors are a means of getting over these difficulties for purposes of comparison; the adjusted rates, though useful, are fictitious.

TABLE 5
BIRTH RATE

Year					Live birth rate per 1,000 estimated mid-year population		
					Middlesex	London	England and Wales
(1)					(2)	(3)	(4)
1947	..	..	..	..	19.6	21.8	21.1
1948	..	..	..	..	16.1	18.2	15.1
1949	..	..	..	..	14.9 (13.9)	16.8 (15.3)	18.9
1950	..	..	..	..	13.9 (12.8)	15.8 (14.2)	16.9
1951	..	..	..	..	13.4 (12.3)	15.6 (14.0)	15.5
1952	..	..	..	..	13.3 (12.2)	15.3 (13.8)	15.3
1953	..	..	..	..	13.3 (12.9)	15.3 (13.3)	15.5
1954	..	..	..	..	13.1 (12.7)	15.3 (13.3)	15.2
1955	..	..	..	..	13.0 (12.6)	15.1 (13.3)	15.0
1956	..	..	..	..	13.7 (13.3)	15.9 (14.0)	15.7
1957	..	..	..	..	14.0 (13.8)	16.2 (14.4)	16.1
1958	..	..	..	..	14.5 (14.2)	16.8 (15.0)	16.4
1959	..	..	..	..	14.7 (14.4)	17.2 (15.5)	16.5
1960	..	..	..	..	15.7 (15.4)	18.0 (16.2)	17.2
1961	..	..	..	..	16.5 (16.3)	18.9 (17.0)	17.6
1962	..	..	..	..	17.2 (17.0)	19.6 (17.6)	18.0
1963	..	..	..	..	17.6 (17.1)	20.0 (17.2)	18.2

NOTES.—Rates for the years 1947–49 are based on civilian population.
 Rates for 1950–1963 are based on home population.
 Figures in brackets represent rates, adjusted for valid area comparisons by Registrar General's comparability factors.
 The rates for 1963 are provisional and subject to correction.

TABLE 6
PREMATURE BIRTHS, 1963

Area.					Premature births notified (as adjusted by transfers).			Premature birth rate per 1,000 total births notified.
					Live births.	Still births.	Total premature births.	
(1)					(2)	(3)	(4)	(5)
1	..	..	..	..	207	21	228	77.6
2	..	..	..	..	174	33	207	73.5
3	..	..	..	..	357	44	401	83.9
4	..	..	..	..	190	20	210	64.3
5	..	..	..	..	207	28	235	72.5
6	..	..	..	..	412	65	477	75.4
7	..	..	..	..	264	36	300	68.6
8	..	..	..	..	271	26	297	76.3
9	..	..	..	..	255	29	284	75.1
10	..	..	..	..	258	35	293	66.1
County	..	..	..	..	2,595	337	2,932	73.6
London	..	..	..	..	4,952	604	5,556	86.0
England & Wales	..	..	..	..	56,187	8,495	64,682	74.2

TABLE 7
INFANT MORTALITY

Year.	Middlesex.			London.	England and Wales.
	Live births.	Deaths under one year.	Rate per 1,000 live births.		
(1)	(2)	(3)	(4)	(5)	(6)
1940	28,873	1,448	50.2	50	55
1941	25,512	1,327	52.0	68	59
1942	33,150	1,558	47.0	60	49
1943	35,339	1,536	43.5	58	49
1944	36,380	1,327	36.5	61	46
1945	33,398	1,296	38.8	53	46
1946	42,108	1,246	29.6	41	43
1947	43,955	1,386	31.5	37	41
1948	36,374	961	26.4	30	34
1949	33,849	818	24.2	27	32
1950	31,705	690	21.8	25	30
1951	30,469	719	23.6	25	30
1952	30,274	635	21.0	23	28
1953	30,039	629	20.9	24	27
1954	29,619	557	18.8	21	25
1955	29,355	566	19.3	23	25
1956	30,874	586	19.0	21	24
1957	31,584	561	17.8	22	23
1958	32,606	615	18.9	22	23
1959	33,060	640	19.0	22	22
1960	35,458	655	18.5	21	22
1961	36,776	742	20.2	21	21
1962	38,437	732	19.0	21	22
1963 (a)	39,467	740	18.7	22	21

(a) 1963 figures provisional.

TABLE 8

MATERNAL MORTALITY

MORTALITY PER 1,000 TOTAL (LIVE AND STILL) BIRTHS

Year.	Middlesex.		England and Wales Rate.
	Number.	Rate.	
(1)	(2)	(3)	(4)
1947	48	1·07	1·17
1948	34	0·91	1·02
1949	33	0·96	0·98
1950	27	0·84	0·86
1951	17	0·55	0·79
1952	17	0·55	0·72
1953	22	0·72	0·76
1954	16	0·53	0·70
1955	14	0·47	0·64
1956	18	0·57	0·56
1957	13	0·40	0·47
1958	13	0·39	0·44
1959	13	0·39	0·38
1960	7	0·20	0·39
1961	14	0·37	0·33
1962	11	0·28	0·35
1963 (a)	12	0·30	0·28

(a) Provisional.

TABLE 9

INCIDENCE OF SICKNESS IN MIDDLESEX BASED ON FIRST APPLICATIONS FOR
SICKNESS BENEFIT RECEIVED BY THE MINISTRY OF NATIONAL INSURANCE

Quarter ending	First applications for sickness benefit.								
	1955.	1956.	1957.	1958.	1959.	1960.	1961.	1962.	1963.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
March	138,592	117,325	93,183	114,599	168,720	113,500	152,104	142,297	149,873
June	69,430	68,025	67,568	71,644	72,025	74,066	75,092	87,736	82,617
September ..	56,894	57,544	61,592	61,715	61,681	63,096	61,412	62,476	67,179
December ..	95,021	93,108	189,661	92,431	91,182	91,587	105,765	105,147	103,998
Total for year ..	359,937 (a)	336,002	412,004	340,389	393,608 (a)	342,249	394,373	397,656	403,667
Number of first applications for sickness benefit per 1,000 popu- lation:—									
Middlesex ..	160	149	183	151	175	152	177	178	180
England & Wales ..	158	154	188	155	184	157	176	171	176

(a) 53 weeks.

Infectious Diseases

TABLE 10

CORRECTED NOTIFICATIONS OF INFECTIOUS DISEASES, 1963

Boroughs and Urban Districts.	(1)	Scarlet fever.	Whooping cough.	Acute poliomyelitis.	Acute encephalitis.	Measles.	Diphtheria.	Acute pneumonia.	Dysentery.	Enteric or typhoid fever.	Paratyphoid fever.	Erysipelas.	Meningococcal infection.	Puerperal pyrexia.	Ophthalmia neonatorum.	Food poisoning.	Smallpox.
		(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
Acton (Borough)	13	84	—	—	660	—	3	1	—	—	3	—	—	2	—	—
Brentford and Chiswick (Borough)	..	17	7	—	1	334	—	1	5	1	1	4	—	58	10	9	—
Ealing (Borough)	76	93	1	2	2,072	—	97	199	1	—	6	1	57	—	9	—
Edmonton (Borough)	..	87	141	—	—	1,593	—	39	120	—	1	6	—	69	1	64	—
Enfield (Borough)	61	129	—	—	1,663	—	20	28	—	2	8	1	24	1	9	—
Feltham	11	15	—	—	783	—	2	5	—	—	1	—	3	—	—	—
Finchley (Borough)	..	7	41	—	—	739	—	9	32	1	1	—	1	24	2	6	—
Friern Barnet	11	23	—	—	314	—	4	7	—	—	2	—	—	—	—	—
Harrow (Borough)	..	63	105	—	—	1,868	—	72	27	2	2	6	—	5	2	12	—
Hayes and Harlington	..	48	60	—	1	1,153	—	10	19	—	—	—	1	—	—	—	—
Hendon (Borough)	..	22	134	—	—	1,489	—	76	317	—	1	9	4	72	1	25	—
Heston and Isleworth (Borough)	13	59	—	—	886	—	18	34	—	—	11	1	127	—	20	—
Hornsey (Borough)	..	40	43	—	2	481	—	59	17	1	—	4	—	5	1	4	—
Potters Bar	4	21	—	—	413	—	1	1	1	—	—	—	—	—	—	—
Ruislip-Northwood	..	29	30	—	2	1,291	—	26	9	—	1	7	—	—	—	4	—
Southall (Borough)	..	5	97	—	3	898	—	58	60	—	—	10	4	2	—	2	—
Southgate (Borough)	..	20	72	—	—	1,156	—	24	244	2	—	6	—	1	—	11	—
Staines	26	24	—	—	588	—	1	6	—	—	—	—	1	2	3	—
Sunbury	23	21	—	—	855	—	1	3	—	—	2	—	1	—	8	—
Tottenham (Borough)	..	24	92	—	1	957	—	14	27	—	—	4	—	—	—	12	—
Twickenham (Borough)	..	34	41	—	—	1,027	—	29	16	—	—	5	—	15	—	—	—
Uxbridge (Borough)	..	25	25	—	3	1,218	—	15	2	—	—	1	—	161	—	1	—
Wembley (Borough)	..	62	37	—	1	1,269	—	34	19	—	1	1	—	32	3	5	—
Willesden (Borough)	..	59	254	—	—	1,948	—	41	72	3	—	15	3	134	5	17	—
Wood Green (Borough)	..	17	77	—	—	429	—	20	100	—	—	1	1	—	—	3	—
Yiewsley and West Drayton	..	5	16	—	3	499	—	5	—	—	—	—	2	—	—	1	—
THE COUNTY	..	802	1,741	1	19	26,583	2	679	1,370	12	10	112	19	791	30	231	—

TABLE 11

AGE DISTRIBUTION OF NOTIFIED CASES (CORRECTED) AND OF DEATHS, ACUTE POLIOMYELITIS, 1963

1963	Age in years.					All ages.
	Under 1.	1—	5—	15—	25 and over.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Number of cases						
First quarter ..	—	—	—	—	—	—
Second quarter ..	—	—	—	—	—	—
Third quarter ..	—	—	1	—	—	1
Fourth quarter ..	—	—	—	—	—	—
Whole year ..	—	—	1	—	—	1
Number of deaths ..	—	—	—	—	—	—

TABLE 12

VACCINATION AGAINST POLIOMYELITIS DURING 1963

Area	Number of persons who:		
	completed a primary course of immunisation during the year	received first reinforcing immunisation	received second reinforcing immunisation
(1)	(2)	(3)	(4)
1	3,084	1,050	2,279
2	2,618	714	1,468
3	3,579	1,201	818
4	3,440	1,468	1,683
5	3,373	1,851	1,897
6	4,462	1,987	2,091
7	4,161	1,503	2,430
8	3,996	2,467	3,950
9	3,305	1,427	908
10	4,798	1,099	2,641
County	36,816	14,767	20,165

Column (2)—Persons who received 2 injections of Salk or 3 doses of Oral Vaccine or 3 injections of Quadruple Vaccine.

„ (3)—Persons who received a 3rd injection of Salk or 2 doses of Oral after 2 Salk injections or a 4th injection of Quadruple Vaccine.

„ (4)—Persons who received 4th injection of Salk or 1 dose of Oral vaccine after 3 Salk injections or 3 Oral doses or 2 Salk plus 2 Oral doses, or 5th injection of Quadruple Vaccine.

TABLE 13
NUMBER OF NOTIFICATIONS RECEIVED OF PERSONS
PRIMARILY VACCINATED OR RE-VACCINATED AGAINST SMALLPOX DURING 1963

Area.	Age									
	Under 3 months. (1)	Under 3 months. (2)	Over 3 months— under 6. (3)	Over 6 months— under 9. (4)	Over 9 months— under 12. (5)	Aged 1 year. (6)	Age 2-4 years. (7)	Age 5-14 years. (8)	Age 15 years and over. (9)	Total all Ages. (10)
1..	..	20	35	122	29	481	133	124	247	1,191
2..	..	50	145	99	57	229	36	92	416	1,124
3..	..	55	240	257	90	385	135	167	476	1,805
4..	..	39	56	62	78	608	161	445	891	2,340
5..	..	39	41	26	5	666	129	124	592	1,622
6..	..	66	209	247	139	356	110	198	808	2,133
7..	..	104	207	1,053	273	348	105	136	598	2,824
8..	..	144	180	146	156	462	102	163	341	1,694
9..	..	32	73	132	108	490	101	100	340	1,376
10..	..	62	224	174	101	538	86	367	486	2,038
London Airport	..	—	—	—	—	4	27	66	1,559	1,656
The County	..	611	1,410	2,318	1,036	4,567	1,125	1,982	6,754	19,803

TABLE 14
DIPHTHERIA

Year.					Cases notified.	Fatal cases.	Number of children under 15 years immunised during the year (primary and reinforcing injections).
(1)					(2)	(3)	(4)
1940	..	..	..	..	929	42	—
1941	..	..	..	..	980	59	—
1942	..	..	..	..	769	53	197,796
1943	..	..	..	..	618	24	49,830
1944	..	..	..	..	266	14	23,528
1945	..	..	..	..	331	19	31,326
1946	..	..	..	..	350	13	45,857
1947	..	..	..	..	129	3	48,414
1948	..	..	..	..	57	5	57,721
1949	..	..	..	..	23	—	49,083
1950	..	..	..	..	10	2	40,398
1951	..	..	..	..	4	—	52,065
1952	..	..	..	..	2	1	49,951
1953	..	..	..	..	4	—	50,076
1954	..	..	..	..	8	1	54,203
1955	..	..	..	..	2	—	44,298
1956	..	..	..	..	2	—	49,721
1957	..	..	..	..	2	—	43,551
1958	..	..	..	..	—	—	42,114
1959	..	..	..	..	—	—	46,693
1960	..	..	..	..	—	—	59,674
1961	..	..	..	..	1	1*	76,931
1962	..	..	..	..	—	—	59,493
1963	..	..	..	..	2	—	64,379

* Not notified.

TABLE 15
NUMBER OF CHILDREN IMMUNISED AND GIVEN REINFORCING INJECTIONS
AGAINST DIPHTHERIA DURING 1963

Area.					Number of children immunised.			Number of children under 15 years of age given reinforcing injections.
(1)					Under 5 years.	5-14 years.	Total, aged 0-14 years.	(5)
1	..	..	..	..	2,558	158	2,716	3,939
2	..	..	..	..	2,086	158	2,244	3,145
3	..	..	..	..	3,895	196	4,091	3,167
4	..	..	..	..	1,631	107	1,738	2,301
5	..	..	..	..	2,827	61	2,888	1,067
6	..	..	..	..	4,751	81	4,832	3,560
7	..	..	..	..	3,545	131	3,676	3,425
8	..	..	..	..	3,326	277	3,603	4,118
9	..	..	..	..	2,552	65	2,617	2,576
10	..	..	..	..	3,831	174	4,005	4,671
COUNTY	..	..	..	..	31,002	1,408	32,410	31,969

TABLE 16

NUMBER OF CHILDREN IN MIDDLESEX IMMUNISED AGAINST DIPHTHERIA
DURING THE PERIOD 1ST JANUARY, 1959—31ST DECEMBER, 1963

(1)	Age under 5 years (2)	Age 5-14 years (3)	Total under 15 years (4)
Children given primary and/or secondary injections	124,560	142,123	266,683
Estimated mid-1963 child population ..	165,800	275,700	441,500
Percentage of protected population in age group	75	52	60

TABLE 17

NUMBER OF CHILDREN IMMUNISED AND GIVEN REINFORCING INJECTIONS AGAINST
WHOOPING COUGH DURING 1963

Area. (1)	Number of children immunised.			Number of children under 15 years of age given rein- forcing injections. (5)
	Under 5 years. (2)	5-14 years. (3)	Total, aged 0-14 years. (4)	
1	2,364	11	2,375	1,508
2	2,010	23	2,033	1,288
3	3,827	54	3,881	2,299
4	1,419	37	1,456	861
5	2,805	41	2,846	725
6	4,720	45	4,765	3,008
7	3,505	29	3,534	1,774
8	3,245	31	3,276	1,270
9	2,171	13	2,184	1,099
10	3,782	31	3,813	2,011
County	29,848	315	30,163	15,843

Tuberculosis

TABLE 18

SUMMARY OF WORK OF CHEST CLINICS, 1963

(1)	Ashford. (2)	Ealing. (3)	Edgware. (4)	Edmonton. (5)	Finchley. (6)	Harrow. (7)	Hounslow. (8)	Potters Bar. (9)	Tottenham. (10)	Uxbridge. (11)	Willesden. (12)	The County. (13)
Population in area served (approx.)	182,986	248,140	217,456	200,340	267,060	189,616	216,264	23,870	159,760	286,490	249,388	2,241,370
Persons examined for the first time during the year	5,421	7,170	8,723	4,771	5,488	9,848	3,164	764	4,396	8,723	5,969	64,437
Persons found to be tuber- culous	57	119	96	53	97	76	106	6	88	140	167	1,005
New contacts seen for the first time during the year	659	2,315	546	292	909	835	964	72	628	1,374	1,057	9,651
New contacts found to be tuberculous	5	9	7	2	11	8	10	—	8	13	17	90
Cases on register at 31st December, 1963	1,018	1,844	1,104	1,910	1,575	1,643	2,289	78	1,332	2,459	2,164	17,416
Home visits by tuberculosis visitors during 1963 (a) . .	1,076	3,787	3,183	2,809	2,957	2,306	3,575	400	1,779	5,056	2,187	29,115

(a) Effective visits only. These should not be compared with years prior to 1955 when *total* visits were shown.

TABLE 19

NEW CASES OF, AND DEATHS FROM, TUBERCULOSIS, NOTIFIED TO MEDICAL OFFICERS OF HEALTH DURING 1963 CLASSIFIED INTO AGE GROUPS

Age in years.	New Cases.				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Under 1 ..	4	2	—	—	—	—	—	—
1—	15	11	3	2	—	—	—	1
5—	7	10	2	2	—	—	—	—
10—	5	5	3	1	—	—	—	—
15—	25	12	3	8	} 1	—	—	—
20—	58	34	9	9		—	—	—
25—	102	64	24	23	1	2	—	—
35—	88	33	14	11	7	6	3	1
45—	94	41	5	11	15	3	—	1
55—	98	29	6	14	25	4	—	—
65 and over ..	59	35	2	13	32	8	1	4
ALL AGES ..	555	276	71	94	81	23	4	7

TABLE 20

NOTIFICATION OF TUBERCULOSIS CASES AND DEATHS, 1926-1963

Year.	Estimated County civilian population (mid-year).	Formal notifications.						Deaths registered.					
		All forms.		Pulmonary.		Non-pulmonary.		All forms.		Pulmonary.		Non-pulmonary.	
		No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.
		(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
(1)	(2)												
1926	1,325,260	2,009	1·52	1,655	1·25	354	·27	1,138	·86	944	·71	194	·15
1927	1,352,040	2,015	1·50	1,621	1·20	394	·30	1,193	·88	1,024	·76	169	·12
1928	1,416,600	1,819	1·28	1,478	1·04	341	·24	1,071	·76	909	·64	162	·12
1929	1,458,810	1,911	1·31	1,606	1·10	305	·21	1,215	·83	1,058	·73	157	·10
1930	1,560,120	2,015	1·29	1,623	1·04	392	·25	1,164	·75	981	·63	183	·12
1931	1,639,300	2,120	1·29	1,749	1·07	371	·22	1,160	·71	989	·60	171	·11
1932	1,702,530	2,108	1·24	1,733	1·02	375	·22	1,144	·67	965	·57	179	·10
1933	1,756,820	2,082	1·19	1,750	1·00	332	·19	1,224	·70	1,046	·60	178	·10
1934	1,810,200	2,098	1·16	1,767	0·98	331	·18	1,266	·70	1,086	·60	180	·10
1935	1,866,800	2,151	1·15	1,826	0·98	325	·17	1,187	·64	1,028	·55	159	·09
1936	1,940,400	2,151	1·11	1,833	0·94	318	·17	1,257	·65	1,096	·56	161	·09
1937	2,014,500	2,312	1·15	1,932	0·96	380	·19	1,177	·58	1,008	·50	169	·08
1938	2,058,300	2,469	1·20	2,048	0·99	421	·21	1,109	·54	932	·45	177	·09
1939	2,056,100	2,313	1·12	1,952	0·95	361	·17	1,174	·57	1,012	·49	162	·08
1940	1,952,100	2,410	1·23	2,043	1·04	367	·19	1,217	·62	1,055	·54	162	·08
1941	1,874,900	2,804	1·49	2,435	1·29	369	·20	1,326	·70	1,154	·61	172	·09
1942	1,929,900	3,081	1·60	2,617	1·36	468	·24	1,204	·62	1,040	·54	164	·08
1943	1,938,000	3,110	1·60	2,675	1·38	435	·22	1,191	·61	1,042	·54	149	·07
1944	1,902,500	2,944	1·54	2,595	1·36	349	·18	1,066	·56	920	·48	146	·08
1945	1,958,000	2,879	1·47	2,504	1·28	375	·19	1,035	·53	900	·46	135	·07
1946	2,178,010	3,018	1·38	2,668	1·22	350	·16	1,039	·48	894	·41	145	·07
1947	2,248,180	3,010	1·34	2,704	1·20	306	·14	962	·43	855	·38	107	·05
1948	2,262,700	3,185	1·41	2,828	1·25	357	·16	907	·40	790	·35	117	·05
1949	2,273,180	3,021	1·33	2,746	1·21	275	·12	852	·38	765	·34	87	·04
1950	2,287,390*	2,776	1·21	2,477	1·08	299	·13	622	·27	567	·25	55	·02
1951	2,268,000*	2,727	1·20	2,416	1·07	311	·14	582	·26	528	·23	54	·02
1952	2,270,000*	2,474	1·09	2,208	0·97	266	·12	437	·19	386	·17	51	·02
1953	2,259,700*	2,507	1·11	2,264	1·00	243	·11	362	·16	327	·14	35	·02
1954	2,256,000*	2,147	0·95	1,925	0·85	222	·10	320	·14	292	·13	28	·01
1955	2,252,000*	1,927	0·86	1,706	0·76	221	·10	266	·12	244	·11	22	·01
1956	2,251,000*	1,762	0·78	1,568	0·70	194	·09	234	·10	214	·10	20	·01
1957	2,249,000*	1,608	0·71	1,425	0·63	183	·08	201	·09	182	·08	19	·01
1958	2,247,000*	1,455	0·65	1,290	0·57	165	·07	170	·08	148	·07	22	·01
1959	2,247,000*	1,263	0·56	1,128	0·50	135	·06	127	·06	116	·05	11	·005
1960	2,252,420*	1,203	0·53	1,049	0·47	154	·07	131	·06	120	·05	11	·005
1961	2,231,110*	1,108	0·50	963	0·43	145	·07	111	·05	100	·05	11	·005
1962	2,239,770*	1,012	0·45	896	0·40	116	·05	121	·05	111	·05	10	·004
1963	2,241,370*	996	0·44	831	0·37	165	·07	115	·05	104	·05	11	·005

All rates are per 1,000 population.

* Home population.

Venereal Disease

TABLE 21

MIDDLESEX PATIENTS TREATED AT HOSPITALS

Persons dealt with at clinics for the first time and found to be suffering from	1954.	1955.	1956.	1957.	1958.	1959.	1960.	1961.	1962.	1963.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Syphilis	148	172	203	164	157	124	166	208	191	140
Gonorrhoea ..	412	502	534	563	667	845	1,187	1,295	1,084	1,236
Other conditions ..	2,730	3,165	3,105	3,047	2,905	3,246	4,012	4,238	4,040	4,535
Totals	3,290	3,839	3,842	3,774	3,729	4,215	5,365	5,741	5,315	5,911

Health Control of London Airport

TABLE 22

WORK CARRIED OUT DURING 1963

Planes arriving .. ..	..	..	..	..	..	..	..	..	..	49,631
Passengers arriving:—										
British .. ..	..	..	..	..	..	..	..	..	..	1,563,114
Alien .. ..	..	..	..	..	..	..	..	..	..	1,010,000
Total .. ..	..	..	..	..	..	..	..	..	..	2,573,114
Planes issued with disinsectisation certificates	..	..	..	..	..	..	..	..	..	2,135
Vaccinations carried out against smallpox ..	..	..	..	..	..	..	..	..	..	1,656
Aliens inspected under Aliens Order ..	..	..	..	..	..	..	..	..	..	2,116
Aliens refused entry on medical certificate ..	..	..	..	..	..	..	..	..	..	18
Commonwealth Immigrants examined ..	..	..	..	..	..	..	..	..	..	25,168
Commonwealth Immigrants refused entry on Medical Certificate ..	..	..	..	..	..	..	..	..	..	17
Notifications sent to medical officers of health for surveillance of passengers ..	..	..	..	..	..	..	..	..	..	1,056

TABLE 23

Place of departure of planes arriving at London Airport.	1st January to 30th June, 1963. Number of		1st July to 31st December, 1963. Number of		Total, 1963.	
	Aircraft.	Passengers.	Aircraft.	Passengers.	Aircraft.	Passengers.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Excepted Area	11,216	513,800	13,328	713,464	24,544	1,227,264
Europe outside Excepted Area	5,024	247,824	6,120	340,383	11,144	588,207
North America	2,748	160,929	3,448	200,798	6,196	361,727
Central and South America	362	25,178	439	33,703	801	58,881
Africa	998	44,996	1,284	62,823	2,282	107,819
Asia	2,161	93,438	2,503	135,778	4,664	229,216
Total	22,509	1,086,165	27,122	1,486,949	49,631	2,573,114

Maternal and Child Health

TABLE 24

ANTE-NATAL AND POST-NATAL CLINICS PROVIDED BY THE COUNTY COUNCIL

Area.	Number of clinics provided at end of 1963.	Average number of sessions held per month during year.	Number of women in attendance.		Total number of attendances made by women included in columns (4) and (5) during 1963.	
			Number of women who attended during 1963.			
			Ante-natal.	Post-natal.	Ante-natal	Post-natal.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1 ..	11	56 (4)	1,087	520	6,564	636
2 ..	10	32	1,744	250	4,936	250
3 ..	9	100	3,289	1,002	17,727	1,012
4 ..	11	56	1,560	145	6,098	171
5 ..	14	80	1,680	91	8,197	94
6 ..	15	138 (4)	4,201	164	18,041	183
7 ..	14	108	2,536	310	12,219	327
8 (a) ..	17	64	1,644	75	7,274	83
9 ..	8	32	958	120	3,964	121
10 ..	15	42	1,048	162	4,373	164
COUNTY..	124	708 (8)	19,747	2,839	89,393	3,041

The figures in brackets relate to sessions carried out at separate post-natal clinics.
(a) Numbers include one mobile unit.

TABLE 25
CHILD WELFARE CENTRES PROVIDED BY COUNTY COUNCIL

Area. (1)	Number of centres provided at end of 1963. (2)	Number of child welfare sessions now held per month at centres in column. (2) (3)	Number of children who attended during 1963 and who were born in:			Total number of children who attended during 1963. (7)	Total attendances during 1963. (8)
			1963. (4)	1962. (5)	1961-58. (6)		
1	15	108	2,565	2,184	3,345	8,094	61,050
2	12	108	2,311	2,226	3,444	7,981	48,473
3	10	154	4,008	3,291	4,656	11,955	59,584
4	16	110	2,680	2,355	3,527	8,562	53,405
5	16	127	2,635	3,295	3,299	9,229	48,967
6	14	186	6,454	3,491	3,516	13,461	76,115
7	15	152	3,459	3,362	4,173	10,994	64,149
8 (a) ..	21	183	3,210	2,795	4,409	10,414	81,636
9	9	94	2,807	2,089	2,164	7,060	41,762
10 (a) ..	16	191	3,897	3,697	3,884	11,478	92,933
COUNTY	144	1,413	34,026	28,785	36,417	99,228	628,074

NOTE.—The following figures relate to child welfare centres provided by other bodies, at each of which the County Council provides a health visitor only.
(The figures are *not* included in the main table.)

Queen Charlotte's Hospital	1	4	37	42	9	88	661
R.A.F., Stanmore ..	1	4	45	49	15	109	791
Elstree G.P. Clinic ..	1	2	19	22	2	43	275

(a) Numbers include 1 Mobile Clinic in each area.

TABLE 26
PRIORITY DENTAL SERVICE 1963
EXPECTANT AND NURSING MOTHERS

AREA	Examined	Needing treatment	Treated	Made dentally fit	Attendances for treatment	Extractions	General Anaesthetics	Fillings	Scalings and gum treatment	Radiographs	Dentures provided	
											Complete	Partial
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
1	45	40	59	28	180	58	9	64	9	—	10	20
2	41	38	49	18	173	25	8	82	44	—	1	9
3	154	152	156	97	794	200	23	515	102	22	22	36
4	158	128	237	110	1,013	362	39	577	164	27	34	53
5	27	27	32	22	107	49	7	51	19	—	3	2
6	451	403	419	233	1,716	339	54	1,349	197	123	24	55
7	225	211	257	180	797	150	34	561	119	154	21	22
8	87	77	142	100	625	278	26	314	34	62	37	30
9	129	123	143	92	707	247	43	341	33	52	32	32
10	313	303	289	213	1,056	284	46	921	140	44	25	43
COUNTY ..	1,630	1,502	1,783	1,093	7,168	1,992	289	4,775	861	484	209	302

CHILDREN UNDER FIVE YEARS

AREA	Examined	Needing treatment	Treated	Made dentally fit	Attendances for treatment	Extractions	General Anaesthetics	Fillings	Silver nitrate dressings	Radiographs	Dentures provided	
											Complete	Partial
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
1	279	211	230	188	536	93	64	344	571	—	1	1
2	461	257	258	190	799	114	50	609	217	2	—	—
3	637	510	479	385	1,794	251	148	1,197	773	4	—	3
4	371	240	330	171	787	213	86	688	88	2	—	2
5	142	117	107	101	246	69	31	239	134	—	—	—
6	1,118	734	656	465	1,793	269	121	1,519	348	8	—	2
7	848	733	780	694	2,262	352	162	1,484	221	13	—	1
8	529	353	543	347	1,410	248	121	1,210	194	11	1	—
9	395	315	410	329	1,511	416	201	872	207	10	—	—
10	739	561	498	534	1,248	281	139	1,252	291	4	—	1
COUNTY ..	5,519	4,031	4,291	3,404	12,386	2,306	1,123	9,414	3,044	54	2	10

TABLE 27

CARE OF PREMATURE INFANTS, 1963

Area. (1)	Number of premature babies born alive to mothers normally resident in the County, but excluding babies born in maternity homes or hospitals in the National Health Service.	Born at home or in a nursing home and nursed entirely at home, or in a nursing home.		
	Born at home or in a private nursing home.	Number born.	Died during first 24 hours.	Survived to end of 28 days.
	(2)	(3)	(4)	(5)
1.. ..	46	36	1	33
2.. ..	35	34	2	32
3.. ..	44	42	—	39
4.. ..	26	25	1	24
5.. ..	27	27	1	26
6.. ..	47	42	—	41
7.. ..	12	10	—	10
8.. ..	27	24	—	24
9.. ..	39	24	—	24
10.. ..	71	53	—	52
COUNTY ..	374	317	5	305

TABLE 28
MOTHER AND BABY HOMES
Year ending 31st December, 1963

Name and address of home or hostel.	Number of beds.				Average length of stay. (weeks).	
	Total (excluding maternity and labour and cots).	Maternity (excluding labour and isolation).	Labour.	Cots.	Ante- natal.	Post- natal.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
<i>A.—Provided by the County Council.</i>						
“Amherst Lodge,” 47, Amherst Road, Ealing, W.13 ..	26	—	—	14	4	5½
“Belle Vue,” 167, Willesden Lane, Kilburn, N.W.6 ..	12	—	—	12	3½	4½
“Red Gables,” 113, Crouch Hill, Hornsey, N.8.. ..	15	—	—	12	4½	4½
“Guilford House,” 92-94, Torrington Park, N.12 ..	28	—	—	14	5	3½
<i>B.—Provided or used by Voluntary Organisations with which the County Council makes arrangements under Section 22.</i>						
“Beacon Lodge,” 35, Eastern Road, Finchley, N.2 ..	20	3	1	10	5½ (a)	6 (a)

Total number of women admitted during the year to homes and hostels shown above (ignoring re-admissions to the same home after confinement) 633

Number of admissions for which the County Council was responsible 592

Number of cases sent by the County Council during the year to mother and baby homes other than those mentioned above:—

Expectant mothers	..	..	..	..	..	..	..	335
Post-natal cases	..	..	..	..	..	..	..	30

(a) Relates to the 45 Middlesex cases only.

TABLE 29

DAY NURSERIES PROVIDED BY COUNTY COUNCIL AS AT 31ST DECEMBER, 1963

Area.			Number of approved places.	Number of children on the register at the end of the year.		Average daily attendance during the year.	
				Age.		Age.	
				Under 2 years.	2-5.	Under 2 years.	2-5.
(1)	(2)	(3)		(4)	(5)	(6)	(7)
1	1	55		19	34	15·9	27·1
2	1	30		7	27	8·2	17·4
3	3	140		37	109	30·0	83·0
4	2	110		32	81	22·6	53·8
5	2	110		31	77	23·5	54·3
6	10	490		255	293	185·3	226·7
7	5	224		65	131	47·0	103·5
8	4	170		26	90	23·9	67·3
9	2	86		27	49	19·5	36·1
10	3	110		29	95	21·3	66·6
COUNTY	33	1,525		528	986	397·2	735·6

TABLE 30

Midwifery

MIDWIVES WHO NOTIFIED THEIR INTENTION TO PRACTISE WITHIN THE COUNTY OF MIDDLESEX DURING THE YEAR 1963

Area.			Domiciliary			Institutional.		Total.
			Employed by County Council.	Employed by Queen Charlotte's Hospital.	In Private Practice.	Hospitals.	Nursing Homes.	
1	..	..	20	—	—	81	—	101
2	..	..	22	—	2	—	1	25
3	..	..	17	—	—	16	1	34
4	..	..	14	—	12	55	4	85
5	..	..	22	—	8	—	—	30
6	..	..	15	—	3	93	—	111
7	..	..	17	11*	5	31	2	66*
8	..	..	24	—	3	70	—	97
9	..	..	22	11*	1	105	—	139*
10	..	..	25	—	4	23	—	52
COUNTY ..			198	11	38	474	8	729

* 11 Queen Charlotte's Hospital Midwives notified intention to practise in both Areas 7 and 9.

TABLE 31

Midwifery

DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES DURING 1963

Area.	By Midwives employed by County Council.	By Midwives employed by Queen Charlotte's Hospital.	Total.	Number of cases delivered in hospitals and other institutions but discharged and attended by domiciliary midwives before 10th day.		
				County Council Midwives.	Queen Charlotte's Hospital Midwives.	Total.
1 ..	1,081	—	1,081	103	—	103
2 ..	687	—	687	128	—	128
3 ..	909	—	909	155	—	155
4 ..	556	—	556	105	—	105
5 ..	953	—	953	132	—	132
6 ..	940	—	940	263	—	263
7 ..	711	175	886	379	106	485
8 ..	1,049	—	1,049	175	—	175
9 ..	608	130	738	367	106	473
10 ..	1,661	—	1,661	405	—	405
COUNTY	9,155	305	9,460	2,212	212	2,424

TABLE 32
HEALTH VISITING. (See note (b))

Area.	Number of health visitors employed at 31st December, 1963.		Equivalent of whole-time services devoted by health visitors included in columns (2) and (3) to services provided under the National Health Service Act. (a)	Number of visits paid by health visitors shown in column (4) during 1963.							
	Whole-time on health visiting.	Part-time on health visiting. (a) (c)		Expectant mothers.		Children born in 1963.		Children born in 1962.	Children born in 1958-1961	Other Classes.	All Classes.
				First visits.	Total visits.	First visits.	Total visits.	Total visits.	Total visits.	Total visits.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1	—	21 (2)	17·4 (1·0)	587	886	3,016	7,988	6,452	10,362	2,167	27,855
2	—	23 (2)	15·4 (1·8)	864	1,484	2,958	7,561	6,824	10,049	945	26,863
3	1	23 (2)	20·4 (1·1)	1,594	2,268	5,101	9,602	7,220	10,841	2,223	32,154
4	—	26 (2)	19·5 (1·6)	878	1,426	3,476	7,844	6,525	9,380	2,924	28,099
5	—	24 (2)	17·5 (1·5)	1,303	1,698	3,719	7,776	6,490	10,192	700	26,856
6	—	42 (2)	28·2 (1·6)	2,424	3,488	6,638	13,646	10,389	16,716	2,318	46,557
7	—	33 (2)	28·4 (1·8)	1,340	1,989	4,356	12,415	12,238	19,086	5,222	50,950
8	—	37 (2)	28·5 (1·3)	2,093	3,352	4,109	13,006	9,217	20,452	2,892	48,919
9	—	18 (2)	15·9 (1·8)	1,580	2,986	3,558	12,297	12,686	25,138	2,132	55,239
10	—	33 (2)	24·2 (1·7)	592	846	4,704	10,461	7,183	12,377	1,305	32,172
COUNTY	1	280 (20)	215·4 (15·2)	13,255	20,423	41,635	102,596	85,224	144,593	22,828	375,664

(a) Figures in parentheses relate to superintendents and deputy superintendents which are included in the total.

(b) This table excludes tuberculosis health visitors and their visits. (See Table 18.)

(c) Not including student health visitors.

(d) This table excludes visits to families by the heath visitor/school nurses whilst acting solely in their capacity as school nurses.

TABLE 33
HOME NURSING

Areas.		Number of home nurses employed at 31st December, 1963.				Patients attended by home nurses during 1963.		Patients included in column (5) who were 65 or over at the time of the first visit during 1963.	Children included in column (5) who were under 5 at the time of the first visit during 1963.	Number of visits included in column (6) of over one hour duration.
		Whole-time on home nursing. (2)	Part-time on home nursing. (3)	Equivalent of whole-time to home nursing. service. (4)	Number of cases. (5)	Number of visits. (6)	Number of cases. (7)	Number of cases. (8)	(9)	
1	..	28	2 (2)	29.0	2,029	79,778	1,277	38	2,069	
2	..	26	3 (1)	27.5	2,100	76,731	1,448	40	4,104	
3	..	22 (1)	4	24.7	2,210	64,417	1,395	54	214	
4	..	22	8 (2)	28.1	2,537	74,296	1,593	52	3,167	
5	..	19	8 (2)	24.0	2,122	56,049	1,395	49	2,573	
6	..	40	4 (2)	42.4	4,459	137,778	2,481	162	509	
7	..	29 (1)	10 (1)	34.5	3,359	97,304	2,145	61	1,757	
8	..	24	5 (1)	26.9	2,895	82,208	1,781	54	1,883	
9	..	29	5 (2)	31.6	2,837	77,438	1,689	41	1,281	
10	..	32	2 (2)	33.0	2,896	95,945	1,868	30	438	
County	..	71 (2)	51 (15)	301.7	27,444	841,944	17,072	581	17,995	

The figures in parentheses relate to supervisors and are included in the total.

TABLE 34
DOMESTIC HELP

Area.	Number of home helps employed at 31st December, 1963.		Equivalent of whole-time services devoted by home helps in columns 2 and 3.	Number of cases in which domestic help was provided during 1963.						
	Whole-time. (2)	Part-time. (3)		Aged 65 or over at time of first visit during year. (5)	Aged under 65 on first visit during year.				Total. (10)	
					Chronic sick and tuberculous. (6)	Mentally disordered. (7)	Maternity. (8)	Others. (9)		
(1)			(4)	(5)	(6)	(7)	(8)	(9)	(10)	
1..	4	143	97.4	912	176	2	171	216	1,477	
2..	4	136	87.1	1,000	125	5	195	253	1,588	
3..	4	171	105.0	1,800	78	1	99	122	2,100	
4..	4	58	45.8	861	26	4	197	263	1,351	
5..	—	78	45.9	693	116	7	380	220	1,416	
6..	5	106	81.1	1,151	112	3	117	297	1,680	
7..	4	305	207.9	1,735	188	—	224	218	2,365	
8..	13	136	92.6	627	155	17	283	78	1,160	
9..	39	174	155.0	1,413	139	14	160	97	1,823	
10..	5	152	94.5	1,121	84	10	327	269	1,811	
COUNTY ..	82	1,459	1,012.3	11,313	1,209	63	2,153	2,033	16,771	

In addition four households were provided with a "Family Help" during the year.

MENTAL HEALTH

TABLE 35

Patients under Local Health Authority care at 31st December, 1963

	Mentally ill.					Sub-normal and severely sub-normal.				
	Under age 16.		Aged 16 and over.		Total.	Under age 16.		Aged 16 and over.		Total.
	M.	F.	M.	F.		M.	F.	M.	F.	
1 Number of patients under care at 31st December, 1963 ..	5	5	412	668	1,090	548	439	1,309	1,125	3,421
2 (a) Attending day training centre ..	1	—	41	29	71	384	301	333	356	1,374†
Awaiting entry thereto ..	—	1	3	—	4	49	41	41	47	178
(b) Resident in a residential training centre ..	—	—	—	—	—	—	—	—	—	—
Awaiting residence therein ..	—	—	—	—	—	—	—	—	—	—
(c) Receiving home training ..	—	—	1	3	4	2	2	—	—	4
Awaiting home training ..	—	—	—	—	—	—	1	—	—	1
(d) Resident in L.H.A. home/hostel ..	—	—	—	6	6	—	—	—	—	—
Awaiting residence in L.H.A. home/hostel* ..	—	—	—	—	—	—	—	—	—	—
Resident at L.H.A. expense in other residential homes/hostels ..	—	—	37	67	104	23	16	11	16	66
Resident at L.H.A. expense by boarding out in private household ..	—	—	—	—	—	25	9	27	29	90
(e) Receiving home visits and not included in (a) to (d)	4	4	330	563	901	80	74	916	720	1,790
3 No. of patients in L.H.A. area on waiting list for admission to hospital at 31.12.63—										
In urgent need of hospital care ..	—	—	5	5	10	46	40	15	14	115
Not in urgent need of hospital care ..	—	—	3	14	17	43	32	13	13	101
4 No. of admissions for temporary residential care (e.g. to relieve the family) during 1963—										
To N.H.S. Hospitals ..	—	—	—	—	—	33	73	112	41	259
Elsewhere ..	—	—	—	—	—	7	2	1	10	20

* Owing to the few places available at present no waiting list is kept.

† Includes 45 patients attending centres administered by voluntary organisation and other local authorities.

Number of patients referred during year ended 31st December, 1963

Referred by	Mentally ill.					Sub-normal and severely sub-normal.				
	Under age 16.		Aged 16 and over.		Total.	Under age 16.		Aged 16 and over.		Total.
	M.	F.	M.	F.		M.	F.	M.	F.	
General practitioners	7	4	1,021	1,594	2,626	1	1	2	1	5
Hospitals, on discharge from in-patient treatment	—	—	283	454	737	—	2	1	4	7
Hospitals, after or during out-patient or day treatment ..	3	3	247	427	680	13	6	2	6	27
Local education authorities ..	—	—	—	—	—	58	54	66	49	227
Police and courts	3	—	202	123	328	—	1	3	1	5
Other sources	7	5	621	762	1,395	40	34	37	31	142
Total	20	12	2,374	3,360	5,766	112	98	111	92	413

Work of Mental Welfare Officers and Mental Health Social Workers

(a) *Mental Illness*

Visits made by mental welfare officers for all divisions	..	..	..	..	17,604
Compulsory admissions to psychiatric hospitals by mental welfare officers				..	1,673
Informal admissions to psychiatric hospitals by mental welfare officers	..			..	1,164

(b) *Mental Subnormality*

Visits to those under County Council's community care by mental welfare officers and mental health social workers	7,631
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Ambulance Service

TABLE 38

ANALYSIS OF HOW PATIENTS WERE CARRIED

By Directly Provided Services.

(i) Accident and emergency calls	..	..	..	..	..	70,047	
(ii) Other removals	..	..	..	..	..	676,875	
							746,922

By Supplementary Services.

(i) British Red Cross—Home Ambulance and Civilian Invalid Transport	..	..	..	..	..	2,364	
(ii) Hospital car service	..	..	..	..	..	35,383	
(iii) Railways	..	..	..	..	..	679	
(iv) Hired cars and coaches	..	..	..	..	..	—
(v) Mental cases transported by mental welfare officers	..	..				1,974	
(vi) Other Ambulance Authorities	..	..	..	..	..	23	
							40,423
							787,345

Mileage Analysis.

(i) By County Service vehicles	..	..	..	..	..	3,402,668	
(ii) British Red Cross and other Ambulance Authorities	..	..				31,372	
(iii) Hospital car service	..	..	..	..	..	482,814	
(iv) Hired cars	..	..	..	..	..	—
(v) Mental cases transported by Mental Welfare officers	..	..				56,308	
							3,973,162

ESTABLISHMENT OF DRIVER-ATTENDANTS.

Approved establishment of driver-attendants on 1st January, 1963	..	..				565	
Actual strength on 1st January, 1963	..	..	..	..	..	554	
Deficiency of	..	..	..	..	..		11
Approved establishment of driver-attendants on 31st December, 1963	..	..				565	
Actual strength on 31st December, 1963	..	..	..	..	..	536	
Deficiency of	..	..	..	..	..		29

Follow-up of Registered Blind and Partially Sighted Persons

TABLE 39

	Cause of disability.				
	Cataract.	Glaucoma.	Retrolental fibroplasia.	Myopia.	Others.
(i) Number of cases registered during the year in respect of which para. 7(c) of Forms B.D.8 recommends:—					
(a) No treatment ..	58	61	0	45	323
(b) Treatment (medical, surgical or optical) ..	63	49	0	0	65
(ii) Number of cases at (i) (b) above which on follow-up action:—					
(i) Have completed treatment ..	14	2	—	—	5
(ii) Treatment started, but not completed ..	17	45	—	—	48
(iii) Awaiting treatment	21	1	—	—	8
(iv) Refused treatment	8	—	—	—	1
(v) Died or removed from County ..	3	1	—	—	3

Ophthalmia Neonatorum

TABLE 40

(i) Total number of cases notified during the year	30
(ii) Number of cases in which:—	
(a) Vision lost	—
(b) Vision impaired	—
(c) Treatment continuing at end of year	—

MODIFICATIONS TO THE PROPOSALS (APPROVED BY THE MINISTER) OF THE MIDDLESEX COUNTY COUNCIL FOR CARRYING OUT THEIR DUTY UNDER SECTION 28 OF THE NATIONAL HEALTH SERVICE ACT, 1946

FLUORIDATION OF WATER SUPPLIES

The Minister of Health in Circular 12/63, dated 25th June, 1963, approved:—

The making of arrangements with the statutory water undertakers covering the whole or part of the County for the addition of fluoride to public water supplies which are naturally deficient in fluoride, to the level appropriate for the prevention of dental decay, i.e., one part per million, plus or minus 10 per cent.